1	FOR Item#6 G5 - STATE REGISTRAR	89 3/14/84 CWDEPARTA	STATE OF MARYLAN MENT OF HEALTH AND ME CERTIFICATE OF DE	NEAL HYGIENE 4 7 4	7		
(14)	ECEASED NAME PE OR PRINT) CIGY		Beach	2ª DATE OF DEATH MONTH	H 84 26 HOUR		
3. SI	Female	4 RACE White	5, DATE OF BIRTH	YEAR 91 90 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS		
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MA	RRIED 9 BALTIMORE CITY OR COUNT	County M		
10 9	Columbia	11. NAME OF HOSPITAL, NURSIN JE NOT IN SUCH FACILITY, GIVE STREET LOTICH MUST		(TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OF INDUSTRY		
5 Ma	state 136 co	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW Jessup	N 13d INSIDE CITY	92 St Jean Way			
30	ather's NAME FIRST Unknow		Fig	15 MOTHER'S MAIDEN NAME FIRST LAST LAST			
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECU 577-36-6	RITY NO. 17. INFORMANT	J Beach 92 St Jean W	Ay 21227		
CATION	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) MYOCAE DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO I	ENCE OF	ARCTION .	IVEN IN PART ITO		
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORA	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \)		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DA		RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)		
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
×	220.1 certify that (I) (this has sow the deceased alive	on 2 , 9 19 not) view the body ofter deoth.	24	19 \$ 4, to2 · _ [4 ·	our and from the couses stated		
	22d. PHYSICIAN'S NAME (TY	ishna P. Kuma	ATT	TENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN	2.15,84		
730	KRISHNA BURIAL, CREMATION, REMOV	P. KUMAR AL 236 DATE 236.1	1106	EMATORY 1234 LOCATION	PARKDAY		
	(SPECIFY) Burial		edar Hill	Suitland Prin	ce Geo. Marylar		
	REPORT H WITZKE	112 Columbia Rd I	Ellicott City	FEB 1 6 1984 Julie	Davidson-frendette		

Founde Faire Maryland B.S.A. native of the second se Haryiand Howard Jessup 92 St Jenn Way 21227 iste Unknown Fenp late unknown George J Beach 92 St Jean WAy 21227

burial Tob 17,1944 Codar Hill Suitland Frince Geo. Maryland

Harry H Witsle 4112 Columbia Ed Ellicott City

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

1 -	FOR STATE REGISTRAL
	REGISTRA

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death Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

Sulvi Davilson Rondon

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	O.	
	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY	YEAR 26 HOUR
	JESS/E		BOARDLEY	2	25	84 13
3 SEX		4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNI	DER I YEAR IF UNDER 2
	Femple	BLACK	8 11 1897	86	YRS	DAYS HOURS
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH
	Md.	U.S.A.	WIDOWED DIVORCED	How	ARd	
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION EET ADDRESS)	120 USUAL OCCUPATI		b. KIND OF BUSINES
_	DIUMBIA		UNTY GENERAL	Housewi	fe	Home
13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	PROTHER INSTITUTION, GIVE RESIDENCE BEF		13e STREET ADDRESS		2:12
	MD	found Colum	nBIA YES NO [8010 1	Ct. 37	00101
14. FA	THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	4		ŁAST
16 11	1e55e	Wise		Unk		
	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRE	222	3.1
	NO -	2/2/	77969 W 13, 13	OARdley.	DIMPSO	mulle,
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one cause per line far (a), (b), (ED BY:			-	APPROXIMATE INTERV
	IMMEDIA	TE CAUSE (a) Cardiac as	riest-prosalle arch	4thmig		14001
	4029	DUE TO OR AS A CONSCIO	NUTS OF			
	1 - 2 -	DUE TO, OR AS A CONSEG	DUENCE OF			the papers and
	Conditions, if any, which	DUE TO, OR AS A CONSECT		wear disea	e l	>5 years
	Conditions, if any, which gove rise to immediate	(b) severe at	enticleatic Cardiovasc	weat disea	s.	>5 years
		DUE TO, OR AS A CONSEQ	PUBLICATIC CALCULASE	wear disea		>5 years
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEG	PUBLICATIC CALCULASE		,	s years
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DHMH - 16 60M 7/73 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 CERTIFICATE OF DEATH

9 4 9

REGISTRAR										
1. DECEASED NAME	FIRST	- 1-1	MIDDLE LAST				20 DATE OF DEATH MONTH DAY			
	Ida M		y Brandenburg			February	16,		3:30PM	
I. SEX		4 RACE White		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MUNTHS DAYS	IF UNDER 74 HRS	
					11, 1904	79	YE		s.	
70 BIRTHPLACE (ST	TE OR FOREIGN		WHAT COUNTRY	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COU	NTY OF DEATH		
Maryland			S.A.	WIDOWE		Howard			M	
Columbia		Hickor Hickor	ry Ridge	Aparti	ment 21044	126 USUAL OCCUP (TYPE OF WORK FOR MOS Retired		NG LIFE) INDUSTRY	of Business of	
USUAL RESIDENCE (130. STATE Maryland	HOWA	ITY	Columb L	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRES	s ldge	Apartmen	ts 21044	
14 FATHER'S NAME FIRST		MIDDLE	LAST		late Rosal:			L/	st	
160 WAS DECEASED (YES, NO OR UNKNOW NO		MED FORCES? E WAR OR DATES)	213 05 (17. INFORMANT Mrs Henders		Howa	K . C	043 Fred'k	
Conditions, if	immediate	(b)	RAS A CONSEQUE	preh	4	VU (DIS	CAS	ASE, PRO		
gove rise to couse (a), underlying	immediate stating the couse last.	DUE TO, O	WIOLS RAS A CONSEQUE DIAB DIAB DITRIBUTING TO	DREAD JENCE OF CTC. DEATH BUT	Ma	LITUS MINAL DISEASE OR CO	20b. IF	12	IO	
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retained by the hospital ar offending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

February 16, 1984 3:30FM	27	minghareri'	vanie e	o I
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Howard County	X	• 3 • 1 • 3		EMBL TIS.
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alle rsos (Velva) Novado 15764 Fred'k 1	1372 205 1376 A 2574 Herde	F11 F10	Harrect	late David
		- 15		

Caronaville Baito, Marutand

Cremation Feb 18,1984 No-tyley Nen. Park

Harry H Vitzice 4112 Columbiand Ellicort City

1						TE OF MARYLAND	C & P	E 4	
2	1.	FOR STATE				HEALTH AND MENTAL HY	GIENE 4	3 0	
- 1			GER S	. CARTER	R CERT	IFICATE OF DEATH	REG. N	10.	
		EASED NAME	FIRST		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	(TYPE	OR PRINT)	200		5 00	1200		2-21-	01/17/11
3	. SE>		296	4 RACE	S DATE	OF BIRTH	6 AGE LIN YEARS LAST BI	RTHDAY) IF UNDER	R I YEAR IF UNDER 24 HRS
ľ	. 50	M ale		BI	MOM	O - /S - IS	68	YRS.	DAYS HOURS MIN.
1		RTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY? 8.	IFD NEVER MARRIED	9 BALTIMORE CITY		ATH
7		Maryland		U.S.	A. MARR		Ношат	rd County	M
7	0 CI	TY OR TOWN OF DEA	TH	11. NAME OF H	HOSPITAL, NURSING HOME		12a USUAL OCCUPAT	ION 12b	KIND OF BUSINESS OF
/		Columbia			H FACILITY, GIVE STREET ADDRESS) d County Gene	ral Haenitel	Self Emp.		Bua Co.
*	JSU A	AL RESIDENCE (# NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION		beri ciib. c	muer c	da co.
5	3a S	TATE	136 COUN	TY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
4		aryland	How	ard	Ellicott Cit			ederick Ro	pad 210
341	FA	THER'S NAME		MIDDLE	ŁAST	15. MOTHER'S MAIDEN NA	AME		LAST
		Samuel			Carter	Nora		7.0714-10	Kelly
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	
1	(1	No	(ir tes, Give	WAR OR DATES!	215-07-8909	Agnea E. C	arter Same	as # 13	
	CERTIFICATION	couse (o), statin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	last.	ONDITIONS CO		CLER OTIC A UT NOT RELATED TO THE TERM ON WAS PERFORMED		1206. IF YES, WERE	PART 1(D) E FINDINGS USED CAUSES OF DEATH?
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		21a, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.	M. MONTH DAY YEA		RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR E	PART 2)
	MEDICAL	21d INJURY OCCURR	RED	21e PLACE		211. LOCATION STREET	CITY OR TO	OWN COL	unty State
		220.1 certify that (1)	(this haspit	ol) ottended the	e deceased from On of	121/84 19.84	, ta	. 19	
		sow the decease	ed olive an.		19	and that in (my) (our) apiniar	death accurred on the d	late and hour and fr	ram the causes stated
		obove, (I) (we) (d	Gus	hom 1	offer death.		MEDICAL STA	FF .	2/21/84
1		22d. PHYSICIAN'S NA	ME (TYPE OF	PRINT)		22e ADDRESS			
		lervi (Jer.	shon	MD	Howard Co	unty General	l Hospital	l, Columbia,
2		URIAL, CREMATION,		23b. DATE	23c, NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	,	
	- (SPECIFY)		2/25		aptist Church	CITY OF TOWN	d-Columbia	a. Maryland
2			Bucas						
1						Homes P. A 250 DA	D 0 / 400 4	2 0. R	77 P. 00
	5	555 Twin K	nolls	Road,	Columbia, Md.	21045 FE	B 24 1984	wa Day ason	n-Handell

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remaye carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal MMORTANT: If them 21 is marked or them 18 stocks ony injury, or other troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physicion.

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they filled in by the function director, page should be filed within 72 times after deat requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECTOR. After this certificate has been signed by the oftending physical points are detached for use as the buriolitrosit permit. Then allers remition, companies with the State Dept. of Health and Mental Hygiene prior to be under committein, or removal WOORLANT: If them 21 is marked or Central Repowerpy nitry or other transmetic event in TO HOSHIAL OR ATTENDING PHYSICIAN: The low and by the hospital or attending physician.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

	1-	FOR STATE REGISTRAR	DI		EALTH AND MENTAL HYG CATE OF DEATH	REG. N		
		CEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH		R 2b HOUR
	(TYPE	and a contract of	Tem	in ca	VAEIL	02	120/24	6 30
ij	3SE)		4 RACE			6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LY	EAR IF UNDER 24 HRS
ij		ma.c	CA. IC A. A.	MONTH	DAY YEAR	m9	The second secon	AYS HOURS MIN
И	7a B1	7.7		INTRY? 8	_/	9 BALTIMORE CITY O		
1	CC	OUNTRY)		MARRIED				7-
4		-						7.110
1	/	CLARKSVILLE	(IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS	B PHLE	(TYPE OF WORK FOR MOST O	F WORKING LIFE INDUST	
	13a. S	STATE 136 COUN	ITY 13c. CITY C	DRTOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	PARYSULL	21029 F PILE
-	14 FA		3011-1)	212/2/100			LITERSTIL	2 14-6
				Cockreu	MASEL			LLINE
				AL SECURITY NO.	17 INFORMANT	ADDRE		iney br.
		No		30-6688-1	MR. FRANK B	, Cockpell	Beitsville,	mD 28707
	7	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	D BY E CAUSE (o) DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c)	NSEQUENCE OF COLOPATION NSEQUENCE OF	- SINEROBL		Emp	
2	IFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAU	
			TH 21b. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c. HOW INJURY OCCURE			
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
TOP OF PRINTED STATE STA								
		Eng	6/6-	_	ATTENDING PHYSICIAN		FF	120/84
		6.	/	com .	27.e. ADDRESS	EN OPPES I	en charge	2029 SMUM ans
	23a B	BURIAL CREMATION, REMOVAL		23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION	4	
	(5	BURIHL	2-23-89	LINATICO	in Confel Cen		lle Hawk	120
	24 FL	UNERAL DIRECTOR	ADD	RESS P. C. 184	× 265 250. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	NATURE
	-	SLIKK FUNDE	A HOME	MILLETT	C. L. M. F.E.B	2 2 1984	La Davidson-1	Manage

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STATE OF MARYLAND

1 - STATE	E. COLEGI		CERTIF	EALTH AND MENTAL HYG	Special Control of the Control of th	5 4		
REGISTRAR HENRY		MIDDLE		IAST	REG. N		DAY YEAR	2b HOUR
(TYPE OR PRINT)	la alan	E	1.11	GROVE	February	/ 13.	, 1984	11:35A
3 SEX	4 RACE	6.	S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
Male	White	8	MONTH	tober 29,1903	80	YPS	MONTHS DAYS	HOURS MIN
70. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	i i			1100	Y OF DEATH	
New York	U.S.	Α.			Howard	Caun	ty	WE
10 CITY OR TOWN OF DEATH	(IE NOT IN SUC	WEACHITY GIVE STREET	ADDRESS)		120 USUAL OCCUPAT	ION DE WORKING I	12b. KIND (OF BUSINESS OR
Columbia	Howa	rd County	Gene	eral Hospital	Examiner	- Deb.		gricultu
13a. STATE 13b. CC	YTAUC	13c CITY OR TOW Columbi	ADMISSION) N	138 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 8911 Tama	ar Dr	ive Apt	301
14 FATHER'S NAME FIRST Charles	MIDDLE H.	Colec	rove	15 MOTHER'S MAIDEN NAM		oeth	McCa	rtney
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT			// 4=	
No	one wan on our coy	104-05-	7060	Irene F. C	olegrove	Same a		
18. CAUSE OF DEATH Ente	r only one couse per	line for 101, (b), and	dic				BETWEEN	NIMATE INTERVAL
		FAR	D.A.	arrest			Se	C
Conditions, if ony, which		_	NCE OF	neroscleusis	Myocard	6 no	te, 3	uks
gove rise to immediate couse (a), stating the underlying couse lost		RAS CONSEQUE		athuse	leensi	0	XR	5
	NO CONDITIONS CO	ontributing to E	O P	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART 1	10
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FIND I IFYING CAUSES 'ES	INGS USED S OF DEATH?
	DEATH HOUR A.	M. MONTH DA	AY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART 1 OR PART 2)	
GREGINITIBUTING CAUSE OF CIFE EITHER, NOTIFY MEDICAL EXAMILE TO COLURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	NX.	COUNTY	STATE
sow 100 Deceased paints	ACCIDENT WAS CAUSE ON OR COUNTY ON OWN ON OR COUNTY ON OWN ON OWN OWN OWN OWN OWN OWN OWN O		our and from the	that (I) (we) losse couses stated				
224 SHOWNTORE	WI	Cul	eu	ATTENDING	MEDICAL STA	FF CIAN []	The DATE	13/84
22d. PHYSICIAN'S NAME (TY	PE OR PRINT)						/	1
Melvin J.	Kordon M.	D.		2000 Centur	ry Plaza, Co	lumbi	a, Md.	
230 BURIAL, CREMATION, REMOV			NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	-	COUNTY	STATE
Burial							toomer	
LENEY MECTOR Russ 5555 Twin Knoll	ell C. Wi s Road, C	tzke Fundola,	eral Md.	Homes P. A 250 DATE 21045	REC'D. BY REGISTRAR	REO TO	I ARS SIGN	SHOW THE SHOW

DHMH - 16 60M 1/75 (VR A 15 (4))

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TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and coshould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

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				the state	
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	A soul sempetal	· items	2707-25-97F		100
	Table 18				
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnish should be detached for use as the burial-transit permit. Then please remove carbanopers. Pages 1 and 2 should be filled within 72 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					CERTII	FICATE OF DEATH	V	REG. NO	7 5	2 5		
		FIRST				LAST	20 DATE OF	DEATH			2b H	OUR
		BELMO	TV	ELLIS		CRABILL	Feb	ruary	9,	1984	8	3:00p4
3. SEX			RACE						HDAY)	IF UNDER 1 YE		DER 24 HRS
M	ale	5.1	White		Jui	ne 4, 1905	78		YRS	MOITING DA	13 1100	Mile.
		FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OF	COUNT	OF DEATH		170300
M	aryland				WIDOW	ED DIVORCED	Howa	rd Co	unty			MD.
1			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		CTYPE OF WORK	FOR MOST OF	WORKING L			
13a. STA	ATE	13b COUN	TY	13c CITY OR TOW	N	134. INSIDE CITY LIMITS?	13 STREET A	Apt c	Town		7	11143
	HER'S NAME FIRST	N	MODLE	Crabil	1	15. MOTHER'S MAIDENNAME Manie	ME	MIDDLE		То	LAST MS	
		(IF YES, GIVE	WAR OR DATES)			Mr. William	Crabil					
P	gave rise to im- cause (a), static underlying couse PART 2. OTHER SIG	mediote ng the last.	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT				20b. IF YE:	S, WERE FIN	DINGSU	
					Y YEAR	21c. HOW INJURY OCCURE	YES RED (ENTERNAL	NO				, 🗆
WEDICA 2	14 INJURY OCCUR	RED	P. 21e. PLACE (OF INJURY	19 ARM, ETC)	21f LOCATION STREET		CITY OR TOW	/N	COUNTY		STATE
	2a I certify that (I) saw the deceas obove, (I) (we) ((this haspite		atter death. 19	,	DEGREE ATTENDING _	MEDICAL	STAF			he cause	
2	2d. PHYSICIAN'S N	AME TYPE OR	18	1	10	27e ADDRESS	Hick	ony		Columb	ija,	Md. 1044
BELMONT ELLIS CRABILL February 9, 1984 8 1. SEX Male Mite S. DATE OF BRITH TOTAL TOTAL	läñd											
	O Edmonds							GISTRAR	Sh. REGIST	Davidson	- Pan	della

1630 Edmondson Avenue, Catonsville, Md. 21228

DHMH-16 30M 2/80 (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ATE GISTRAR		91 AN		ICATE OF DEATH	REG.	NO.		
	SED NAME FIRST		WIDDLE	ı	AS*	20. DATE OF DEATH		DAY YEAR	26 HOUR
R	Darle	en	Jean	Day	ris	February	11, 1	984	5:00A
		4. RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
	Female	Whit	e	Janua	ary 8, 1961	23	YRS	MONTHS DATS	HOURS MIN.
P	PLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
y	yland	U.S	.A.	WIDOWE		Howard			M
)	OR TOWN OF DEATH				R OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS O
1	umbia		County		al	Clerk	OF WORKING		ronRati
E	ESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
		.G.	Lanham		YES NO	6913 Nash	ville	Road 20	801
F	R'S NAME FIRST	MIDDLE	1241		15 MOTHER'S MAIDEN NA	ME	- 13	146	
1	nn	J.	Davis		Beverly	Jean		Soude	r
	DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADD	RESS AC	dress S	ame as
15,	(IF TES.	GIVE WAR OR DATES!	217-92-	3316	Mr. John J.	Davis	No	# 13e.	
-	CAUSE OF DEATH (Enter	anly one cause ne	r line for (a # (b) a	and or 1		1		APPROXI	MATE INTERVAL
Ī	PART I. DEATH WAS CAU	ISED BY: IATE CAUSE (a)	1/2-ontin	1 1	shallt -	- Cul-	241.7	4 00	10
10	ove rise to immediate use (a), stating the iderlying cause last.	(c)_	OR AS A CONSECU		NOT RELAGED TO THE TERM	NNAL DISEASE OR CO	NDITION G	IVEN IN PART 110	
-	Hobel Con	ther n	crows !	syst	in phylipm.	•			
[DATE OF OPERATION	196 COND	ITION FOR WHIC	H OFERATIO	N WAS PERFORMED	20s AUTOPSY?		ES, WERE FINDIN	
						YES NO	Y	res 🗌	NO []
F	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A	.M. MONTH I	DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
	INJURY OCCURRED HILE NOT WHILE NORK		OF INJURY TREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR	NWOT	COUNTY	STATE
	I certify the [1] (this has sow the deceased plive obave (V (we) (did) (did				nd that in (my) (our) opinion	death accurred on the	dote and ho	our and from the	that (1) (we) lo couses stated
	Signature L	Inho	- , M		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF	22c. DATE	SIGNED
,	Jerome Hai		D.		22e. ADDRESS 2 11085 Litt.		21	•Columbi	a, Md.
AIF	AL, CREMATION, REMOV Burial	AL 236. DATE	230		EMETERY OR CREMATORY Wash. Cemeter	23d LOCATION CITY OF TOWN Hyattsv	ille	COUNTY P.G.	Marylar
AIF	Jerome Hai	ntman, M. AL 23b. DATE Feb. 1	4,1984 G	eorge	27e. ADDRESS 11085 Litt. EMETERY OR CREMATORY Wash. Cemeter 25e. DAT	le Patuxent	rille	P.(unty .

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

retained by the hospital or ottending physician

TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physiciar should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If hem 21 is marked or them 18 shows any injury, or other traumatic event,

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beer lynak . S. graff beattens 'troscom bask manach beef to dell 't enter beef beer lynak and a transfer beef g

Jarone Hantsun, 15.0. ______ More ittle Patricant Plore, Tollables, Nd.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be bacartal or attending observations.	TO FUNERAL DIRECTOR. After his certificate has been signed by the attending physician and completely filled in by the funeral directivity pages. Should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filled within 72 hours all the state Dept. After Dept. After the within 72 hours all the plant on 4 Mental Hygnene prior to burial, cremation, or removal.
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	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TATE EGISTRAR	CERTIFICATE OF DEATH
COLOTRAN	

TATE OF MARYLAND			- 4	170
OF HEALTH AND MENTAL HYGIEN	4	1	(2)	3
RTIFICATE OF DEATH		REG. 1	10.	

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME (TYPE OR PRINT) Lil	ian	Donald	20 DATE OF DEATH MONTH	12 84 8:57AM
3. SEX	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR ST ST ST ST ST ST ST ST ST S	6. AGE (IN YEARS LAST BIRTHDAY) YR.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70, BIRTHPLACE (STATE OR FOREIGN Maryland 10. CITY OR TOWN OF DEATH		MARRIED NEVER MARRIED WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	PRO County MD.
Colom 615 USUAL RESIDENCE (IF NURSING HOME	(IF NOT IN SUCH FACILITY, GIVEST	TREET ADDRESS)	10usewife	homemaking
130. STATE 136. GOL		own 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	ockway 46
Robert	Melche:	r S. MOTHER'S MAIDENN		Kimmel
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL S GIVE WAR OR DATES)	Datestala		542 Carlinda Xoolumbia 21046
	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
T16. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMINA 21d. INJURY OCCURRED WHILE AT WORK AT WORK	EATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	JRRED (ENTER NATURE OF INJURY IN ITEM	TB PART I OR PART 2) COUNTY STATE
sow the deceased alive a	pital) attended the deceased from 2 // 1 not) view the body after death.	14	on death accurred on the date and	, 19 that (I) (we) last hour and from the couses stated 22c. DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE	Press	attending PHYSICIAN 220 ADDRESS 10780 Hick	1 0	2/12/11 m6/9 ml 2/044
230 BURIAL, CREMATION, REMOVA Burial		23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemeter	-CITY OF TOWN	, Maryland STATE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or them 18 shows

Lassahn Funeral Home Balto, Md. 21336.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2 Charles and the said

the state of the s

Henry No-TI-E

(- STATE REGISTRAR			ERTIFICATE OF DEAT	H RE	G. NO.	
9 de 13	I. DECEASED NAME (TYPE OR PRINT)	George That	Thornton	DuRant	70 DATE OF DEA	2/8/	184 7:4
1	Male	RACE	5	DATE OF BIRTH	6 AGE (IN YEARS L	MON	NDER TYEAR IF UNDER 24 H
Juger 1	To. BIRTHPLACE (STATE		WHAT COUNTRY? 8	MARRIED NEVER MARRI	BALTIMORE CI	TY OR COUNTY OF	DEATH
the father than the father thas the father than the father than the father than the father tha	Sevel Gase				ON 120 USUAL OCCL	IPATION	OUN + V 12b KIND OF BUSINESS INDUSTRY
in by	USUAL RESIDENCE (IF		136 CITY OR TOWN	(Tenera	Retired wits? 130 STREET ADDR		21043 D
etely filled at 2 shauld b	Marylan 14 FATHERS NAME FIRST	d Howard	Ellicott (YES NO 15. MOTHER'S MAIL FIRST	DEN NAME MID	ebble E	LAST
complet 1 and	late James	R. DuRant VER IN U.S. ARMED FORCES?	16b. SOCIAL SECURIT	late Ma:	ry DuBose	DDRESS	
n and c	(YES NO OR UNKNOWN	(IF YES, GIVE WAR OR DATES)	249 - 05-		A Gonya 4025		
physicia mayal.	18 CAUSE OF DI PART I. DEAT	EATH (Enter only one couse per H WAS CAUSED BY:	line for (a), (b), and (c	La I Immera	inext		BETWEEN ONSET AND DEA
00000	5789	IMMEDIATE CAUSE (0)	R AS A CONSEQUENC	CEOF	1 1	,	O · Jiwij
by the use rema	Conditions, if gave rise to cause (a), so underlying co	immediate DUE TO, OF	R AS A CONSEQUENCE	TEOF GI	blecding	is with	
n signed Then plec r ta burial injury, ar		SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEA	ATH BUT NOT RELATED TO TO	HE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART HO
e prio	194 DATE OF OPI	RATION 1% CONDI	TION FOR WHICH OF	ERATION WAS PERFORMED	28s. AUTOPSYT	IN CERTIFYIN	ERE FINDINGS USED G CAUSES OF DEATH?
ng physician certificate ho viol-transit p tental Hygien	OR CONTRACTOR	CAUSE OF DEATH HOUR A	M. MONTH DAY	YEAR 19	OCCURRED EXHIBITIATURE O	PANJES ON ITEM IS THEFT	Onthint ()
isspinal or attending physician CTOR. After this certificate he of for use as the burial-transit p i. of Health and Mental Hygen	MEDICAL SHIPS AND		OF NJURY NET ALCTONY OFFICE FARM	211 LOCATION	Em	D#10WH	COUNTY STATE
TOR: At for use a of Health	sow, the dec	T () (this haspital) attended the satised alive on () (did) (did not) view the body	11 19	and that in (my) (our)	opinion death occurred on	the date and hour an	that (I) (we) at from the couses stated
Dep Dep	224 SIGNATURE		the A	DEGREE ATTEN	DING MEDICAL DIRECTOR P	STAFF HYSICIAN (3	2/2/27
eformed by the TO FUNERAL should be determined by the Stote with the Stote	224 PHYSICIAN	· M John		22e. ADDRESS			
BP	Buria			ME OF CEMETERY OR CREM	E SET YOM TON	MPU CT	ington, S.C
	24 FUNERAL DIRECTO		11204	100	FEB 1 0 198	TRAR 256. REGISTRAR	

STATE OF MARYLAND

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Retired Ford Rotor Co

23,043

late James W. Dallant late Mary Dollone

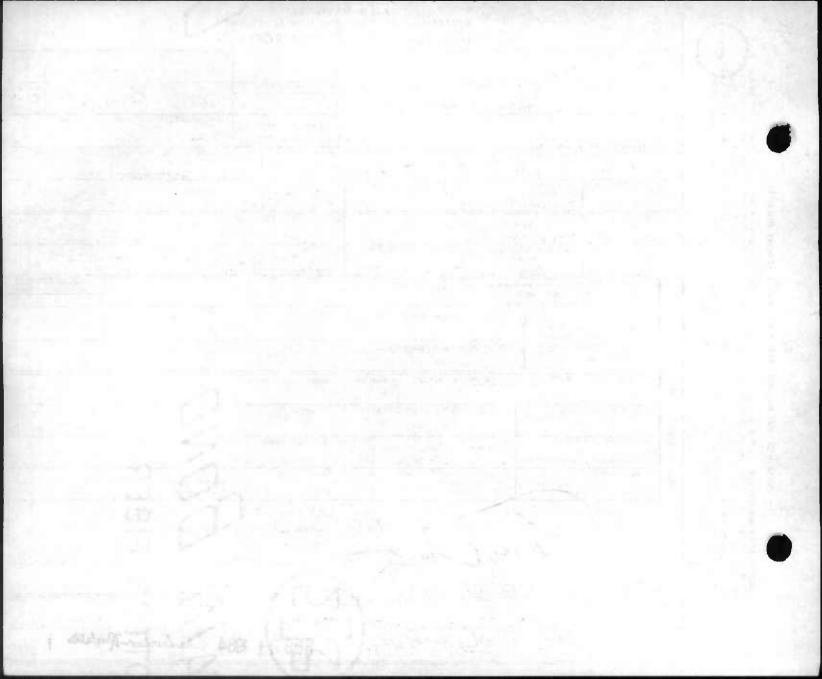
Ponnid A Conya 4025 Pebble Branch Road

20M 4/B2

STATE OF MARYLAND					
DEPARTMENT OF HEALTH AND MENTAL HYGIENE					

)	5	1	
	REG.	NO.	

	EASED NAM	FIRST		MIDDLE		ERTIFICATE C		REG. NO		DAY YEAR
(1344	CRPRINT)	Versi	Δ	Ware	7	Pope		OF ESTI-	2/13/	
SEX		T4 RACE	5. DATE OF BI			Epps DER 1 YR. IF UNDER		DATE		DAY YEAR
			HTMOM	DAY YEAR LAST BIRTH	RS.	DAYS HOURS	MIN PRO	NOUNCED DEAD	2/13/	8/10
7n 806	male THPLACE		July 76. CITIZENO	12, 1940 43 F WHAT COUNTRY?	10		9 B	ALTIMORE CITY C		
	a h i n a	ton.D.C	US.	λ	WIDOWE	D NEVER MARR		Howard Co	ounty	
0 CII	Y OR TOW	OF DEATH	11 NAME OF	HOSPITAL, NURSING HOM	ME, OR OTHE	R INSTITUTION		OCCUPATION (TYPE OF WORKING LIFE)	E OF WORK 12b	OR INDUST
C	columb:	ia	Howard	d County Gene	eral Ho	ospital		es Repre	esenta	
JSUA 3a ST		E (IF IN NURSING HOA		DN, GIVE RESIDENCE BEFORE ADMIS	55(ON)	13d. INSIDE CITY LIMITS?	13e. STREET		Ó	2104
	aryla	nd Co	lumbia			YES NO			int Ro	W
4.FA	THER'S NAA	NE.	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE		LAST
Ome	ego J	.C. War	re,Sr.			Bertha	20.11	ADDRESS	Shipp)
	S, NO, OR UNK		ARMED FORCES?	166 SOCIAL SECUR		Ms. Mon Rainpri	ica Er	ps-daug	ghter-	-6347
_	no	0.5.5.5.1.1.5		1579-54-9	9571	Rainpri	nt Roi	w, Columb	bia, Mc	APPROXIMAT
	PART I	OF DEATH (Enter DEATH WAS CAU	only one cause pe SED BY:	r line for (o), (b), and (c).) Multiple	Stab	Wounds			-	BETWEEN ONSE
15	91	6 MMED	PIATE CAUSE (o)	O. OR AS A CONSEQUENCE		Houras		*************		
		ons, if any, whi	ich	, on no n consequence	. 0.					
		rise to immedia a) stating the <u>und</u>		O, OR AS A CONSEQUENCE	E OF					
	lying co	ouse last.	(c)							
1	PART 2 OTHER	SIGNIFICANT CONDITIO		DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN PA	IRT I to			
NOI			ONS CONTRIBUTING TO B				ART I to			
CATION		SIGNIFICANT CONDITION	ONS CONTRIBUTING TO B	DEATH BUT NOT RELATED TO THE TE			ART I (a)			20 AUTOPSY
BETIFICATION	19a DATE C	OF OPERATION	ONS CONTRIBUTING TO D	ONDITION FOR WHICH OP	ERATION WA	AS PERFORMED?				YES 🔯
AL CERTIFICATION	19a DATE C	PEOPERATION NAL CAUSE WAS	INS CONTRIBUTING TO D	ONDITION FOR WHICH OP	ERATION WA	AS PERFORMED?	ED LENTER NATU	IE OF INJURY IN ITEM 18		YES 🔯
	19a DATE C	OF OPERATION VAL CAUSE WAS IG OR TING CAUSE C	A SHOTAL PLANTS OF DEATH 7: 30	ONDITION FOR WHICH OP	ERATION WA	AS PERFORMED? WINJURY OCCURRING Abject sta	ED LENTER NATU	IE OF MJÜRY IN ITEM IB		YES 🔯
CAL	19a DATE C	OF OPERATION VAL CAUSE WAS IG OR TING CAUSE C	A SHOTAL PLANTS OF DEATH 7: 30	DINDITION FOR WHICH OPE AND FINJURY THE MONTH DAY YE. DP.M. 2/13/84 OP.M. 2/13/84 T. FACTORY, FARM, ETC., T. FACTORY, FARM, ETC.,	21c. HO AR SU 21f. LOC	w injury occurriabject sta	ED (ENTER NATUI	Y OR TOWN	PART 1 OR PART 2	YES 🔀
	210 EXTERNUMBERLYINGONTRIBU 216 INJURY	HAL CAUSE WAS IG OR I'NG CAUSE C OCCURRED NOT WHILE AT WORK	A SHAPE OF DEATH 7:30	SOF INJURY MONTH DAY YE. DP.M. 2/13/84 ACE OF INJURY (ATHOME, T. FACTORY, FARM, ETC.) SIDENCE	216. HO SU 216. LOC 51 6347	winjury occurri bject sta ATION REET RAMPORT	ED (ENTER NATUU bbed	olumbia,	PART 1 OR PART 2	YES X
	21a EXTERNUNDERLYINCONTRIBU 21d. INJURY WHILE AT WORK	HAL CAUSE WAS IG OR ING CAUSE CO OCCURRED NOT WHILE AT WORK	A POLY A CONTRIBUTING TO DE ACTION OF DEATH 7:30 27 POLY STREET TO STREET T	SOF INJURY MONTH DAY YE. DP.M. 2/13/84 ACE OF INJURY (ATHOME. 1. FACTORY, FARM, ETC.) Sidence	216. HO AR 216. HO 216. LOC 51 6347	winjury occurriabject sta	bbed Row, Co	olumbia,	PART 1 OR PART 2	YES X
	210 EXTERNUMBERLYINGONTRIBU 216 INJURY	HAL CAUSE WAS IG OR ING CAUSE CO OCCURRED NOT WHILE AT WORK	A SHAPE OF DEATH 7:30	SOF INJURY MONTH DAY YE. P.M. 2/13/84 ACE OF INJURY (ATHOME. T. FACTORY, FARM, ETC.) Sidence	216. HO SU 216. LOC 51 6347	WINJURY OCCURRING TO STATE OF THE PROPERTY OF	bbed Row, Co	olumbia,	PART 1 OR PART 2	YES X
	21a EXTERN UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK 22a I cei death resu	DEPOPERATION NAL CAUSE WAS IG OR TING CAUSE CO OCCURRED NOT WHILE AT WORK Tify that I took ch.	A POLY A CONTRIBUTING TO DE ACTION OF DEATH 7:30 27 POLY STREET TO STREET T	SOF INJURY MONTH DAY YE. DP.M. 2/13/84 ACE OF INJURY (ATHOME. 1. FACTORY, FARM, ETC.) Sidence	216. HO AR 216. HO 216. LOC 51 6347	WINJURY OCCURRING TO STAND THE MEET WIND RESERVE WIND THE MEET WIND THE	Ded (ENTERNATULE) Book Correction (Correction) Correction (Correction) Undetermined (Correction)	of town of the property of th	PART 1 OR PART 2	YES X
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WEDICAL 23 o. B.C.	21a EXTERT UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK 22a I cei death resu ACTUAL SIGNATUR EXAMINER	NAL CAUSE WAS IG OR I'MO CAUSE C OCCURRED NOT WHILE AT WORK tify that I took chilted from: NE	A 3 7 7 7 8 7 9 1 9 6 0 0 1 9 6 0 0 1 9 6 0 0 1 9 6 0 0 1 9 6 0 0 1 9 6 0 1 9	SECTION FOR WHICH OPPOSED TO THE PROPERTY OF INJURY (ATHOME. T. FACTORY, FARM, ETC.) Sidence The dobove, held on Accident	216. HO SU 216. LOC 51 6347 Autops; ide ,	WINJURY OCCURRING TO THE CONTROL OF	ED (ENTERNATUI bbed ROW, Co	rontown plumbia, quiry \(\text{, on} \) ned monner \(\text{,} \) EXAMINER	COUNT HOWARD ad in my opining	YES 🕅
WEDICAL (SI B	21a EXTERN UNDERLYIN CONTRIBU 21d INJURY WHILE AT WORK 22a I cei deoth resu SIGNATUR EXAMINER:	DE OPERATION NAL CAUSE WAS IG OR I'MO CAUSE CO OCCURRED NOT WHILE AT WORK Ited from: No S NAME RINT) ATION, REMOVA	ONS CONTRIBUTING TO DE LA CONTRIBUTION	DANDITION FOR WHICH OPI TAM MONTH DAY YE. DP.M. 2/13/84 ACE OF INJURY (ATHOME. 1. FACTORY, FARM, ETC.) Sidence The dobove, held on Actident	21c. HO SU 21f. LOC 51 6347 Autops:	WINJURY OCCURRING TO THE STATE OF THE SPECIFY OF TH	ED (ENTER NATULE BOW, Company of the Company of th	rortown plumbia, rquiry , on ned monner , EXAMINER Balto.	COUNTY DATE SIGNED COUNTY C	YES X



the attending physicion and completely filled in by the funeral director remove corbanpapers. Pages 1 and 2 should be filed within 72 haurs at

1-		BERT W. GAY,		NENT OF H	IEALTH AND MENTAL HYG	CON	5 6	
1. DECEASED NAME FIRST (TYPE OR PRINT) A LBERT 3. SEX MALE Black Black			MIDDLE (S. DATE C	SR.	FERS	LUALY IF	YEAR 26 HOUR 1984 1247 AM UNDER LYEAR IF UNDER 24 HIS. NINS DATS HOURS MIN.
Ĩ	Miaaouri	U.5.	HOSPITAL, NURSIN	WIDOWE G HOME C	DIVORCED [120. USUAL OCCUPATE	PRA)	County 175. KIND OF BUSINESS OR 110. SERY 10. S. GOV.
13a. S	ATHER'S NAME		13c CITY OR TOWN	BIA	YES NO KX	9225 1	necio	21045
	VAS DECEASED EVER YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU 497-07-3	RITY NO.	17 INFORMANT	ADDRE	SS	
	PART I. DEATH W. 1570 Conditions, if ony, gove rise to imm	AS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, C which (b)	ACUTE HE DRAS A CONSEQUE CARCINOM	PATIC NCE OF				3 WEEKS
L CERTIFICATION	190. DATE OF OPERAT 8 JAN 19 210. ACCIDENT WAS UND	984 CANU	DITION FOR WHICH ER OF THE	OPERATIO	IN WAS PERFORMED AN CREAS	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	WERE FINDINGS USED NG CAUSES OF DEATH?
MEDICA	21d. INJURY OCCURR	TALEXAMINER) PACE RED 21e PLACE (AT HOME ST	OF INJURY		211. LOCATION STREET			COUNTY STATE
	sow the decease	d olive on 31 JAT	VULLY 19 9	34 . 01	1, 17	, 10	, 19	nd from the couses stated 22c. DATE SIGNED
		ME (TYPE OR PRINT) DEL 1005 A		D	22e ADDRESS 3459	ST JOHNS	LANE	
	1. DE (TYPE) 3. SE 10. C	10. CITY OR TOWN OF DEAD USUAL RESIDENCE (IF NURS) 13. SEX 10. BIRTHPLACE (SLATE OR F COUNTRY) 110. CITY OR TOWN OF DEAD USUAL RESIDENCE (IF NURS) 1130. STATE USUAL RESIDENCE (IF NURS) 114. FATHER'S NAME FIRST FRATE 1150. 116. WAS DECEASED EVER (YES NO OR UNKNOWN) 118. CAUSE OF DEAT OR OR OR UNKNOWN) 1190. DATE OF OPERAL 1190. DATE OF OPE	1. DECEASED NAME (TYPE OR PRINT) 3. SEX 70. BIRTHPLACE (STATE OR POREIGN OUNTRY) 10. CITY OR TOWN OF DEATH 11. NAME OF COUNTRY) 13. SEX 14. RACF 15. CITIZEN OF COUNTRY 15. COUNTRY 16. CITY OR TOWN OF DEATH 17. NAME OF COUNTRY 18. CAUSE OF DEATH 18. CAUSE OF DEATH (IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 18. CAUSE OF DEATH (IN THE OR DEATH 190. DATE OF OPERATION 191. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 191. TIME (IF EITHER NOTIFY MEDICAL EXAMINER) 192. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 193. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 194. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 195. CONC. 196. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 196. CONC. 197. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 197. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 198. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 198. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 199. CONC. 199. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 190. CONC. 190. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 190. CONC. 190. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 190. CONC. 190. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 190. CONC. 190. CONTRIBUTION CONC. 190. CONC. 190. CONTRIBUTION CONC. 190.	TO BETT HOLE PROPERTY OF CONTRIBUTING TO CONTRIBUTION TO CONTR	DEPARTMENT OF ITER STATE REGISTRAR ALBERT W. GAY, SR. CERTIF 1. DECEASED NAME PIRST MIDDLE 3. SEX 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MI BOUTI 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, 138. STATE 138. COUNTY 139. STATE 14. FATHER'S NAME PIRST 159. NO OR UNKNOWN) 169 YES, GIVE WAR OR DATES) 179. NO OR UNKNOWN) 179. DATE OF OPERATION 179. DATE OF OPERATION 179. DATE OF OPERATION 179. DATE OF OPERATION 179. CONDITIONS CONTRIBUTING TO DEATH BUT 170. ACCIDENT WAS UNDERVING TO DUE TO, OR AS A CONSEQUENCE OF 179. DATE OF OPERATION 179. DATE OF OPERATION 179. CONDITION FOR WHICH OPERATIOS 179. ACCIDENT WAS UNDERVING TO THE PLANCE OF THE PLAN	I. DECEASED NAME (TYPE OR PRINT) J. SEX ALBERT W. GAY, SR. I. DECEASED NAME (TYPE OR PRINT) J. SEX ALBERT W. GAY, SR. I. DECEASED NAME (TYPE OR PRINT) J. SEX ALBERT W. GAY, SR. I. DECEASED NAME (TYPE OR PRINT) J. SEX ALBERT W. GAY, SR. I. DECEASED NAME (TYPE OR PRINT) J. SEX ALBERT W. GAY, SR. I. DECEASED NAME (TYPE OR PRINT) J. SEX ALBERT W. GAY, SR. I. ST. I. DECEASED NAME J. S. DATE OF BIRTH MONTH L. 13, 1911 MARRIED DUTC. I. DECEASED NAME J. S. DATE OF BIRTH MONTH L. 13, 1911 MARRIED D. NOV GED. J. S. DATE OF BIRTH MONTH L. 13, 1911 MARRIED D. NOV GED. J. S. DATE OF BIRTH MONTH L. 13, 1911 MARRIED D. NOV GED. J. S. DATE OF BIRTH MONTH L. 13, 1911 J. DATE OF BIRTH MONTH L	TORMEROUSE PROBLEM IN THE CONTROL OF	DEPARTMENT OF HEALTH AND MENTAL HYGINE REGISTRAR REGIST

BP. DHMH-16 30M 2/80 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

23b. DATE

TO FUNERAL DIRECTOR. After this

should be detoched for use as the bunal-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, crematian,

Jefferson Barraka National 2/6/84 St. Louis Burial Miasouri 24 Lebon PRICOR Russell C. Witzke Funeral Homes P. RS. DATEREC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE 5555 Twin Knolla Roed, Columbia, Md. 21045

23c NAME OF CEMETERY OR CREMATORY

STATE

THE ME HE SE

County

Purini Lordy N. & Audosil C. Vitzka Funcral Hobes N.A. Sobb Twin Knolls Road, Calumbia, co. 21045

STATE OF MARYLAND

1 - STATE REGISTRAR CLA	TRE GOLDBERG	CERTIFICATE OF DEATH	REG. NO).
1. DECEASED NAME (485)	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
cla		zold berg		2-10-84 8:02
1 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DATE HOURS MIN.
Temale	W HITE	10-5-190		YRS
Ze. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	
RUSSTA	U.S.A.	WIDOWED DIVORCED		ARD COUNTY MD.
Columbia	III. NAME OF HOSPITAL, NUR.		(TYPE OF WORK FOR MOST OF OWN HOME	
13a STATE 13b C	AE OR OTHER INSTITUTION, GIVE RESIDENCE BER OUNTY 134 CITY OR TO OWNER ARD COLUMN		11257-85	ski-Lift Court
CHARLES	MIDDLE			LERNER IAST
60 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES)		O. Goldberg	11257 B Ski-Lift Ct.
PART I. DEATH WAS CA	er only one couse per line for (0), (b), USED BY: DIATE CAUSE (0)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5768 Conditions, if any, which	DUE TO, OR AS A CONSECUTION			2 days
gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF		
	partied, upper	Sartrointer and	Weeding	
Acute Feno 190 Date Of OPERATION 11/8/84 210. ACCIDENT WAS UNDERLYING	Obstructive	CHOPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO.	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	DE DEATH HOUR A.M. MONTH		CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING LAUSE CONTRIBUTI	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
saw the deceased aliv above, (I) (we) (did) (d	nospital) attended the deceased from e an 2/9/8/ 19 d not) view the body after death.	24 , and that in (my) (our) opi	nion death occurred on the do	, 19 89 , that (I) (we) lost te and hour and from the couses stated
226. SIGNATURE Da	un a Moore.			
22d. PHYSICIAN'S NAME (1	YPEORPHINI) A. MOORE	22. ADDRESS 5999	Hayes Farm	Rd, Colombia. Md 21044
230 BURIAL, CREMATION, REMO	VAL 236 DATE FEB. 12, 1981	Tademendent Toda	CITY_OR TOWN	n Connecticut State

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo ined by the hospital ar ottending physicio marked or Item 18 shaws ony

MPORTANT: If Hem 21 is

DHMH-16 30M 2/80 (VRA 15, 4)

Dari en Independent Lodge Cem

Lercy: M. & Russell C. Witzke: Funeral Home Columbia F5555 Twin Kholis Road Columbia Maryland 21045

Connecticut

Sb. REGISTRAR'S SIGNATURE

SHOULD SOME STORY DESCRIPTION OF THE STORY DES

Terno J. Golder Till Till 198

BURING FED. 12, 1984 Independent so so Cen Juri m Connections

upro win rolls hold belief in 1 long Columba

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in 17-14-14 interest should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 77 facility with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT; If Item 21 is morked or Item 8 shows any injury, or other traumatic event, the medical paginin

FOR - STATE

poge 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Ī		REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. NO	0.			
Ì	1. DEC	CEASED NAME	FIRST		MIDDLE	, l	LAST		20. DATE OF DEATH		YEAR	2b. HOUR	-
	1	ART	THUM	5		H	ALL	1	FER.	26	84	1400 4	٨
3	J SEX	(4 RACE		S. DATE C			AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS	Ì
À	1	M	3176	CAU	S	MONTH		891	92	YRS	HS DAYS	HOURS MIN	
Ą	70 BI	RTHPLACE ISTATE ORF	OREIGN	76 CITIZEN OF	WHAT COUN				BALTIMORE CITY O		DEATH		-
1		OUNTR Virgini	a	U.S.	A.	WIDOWE	D NEVER MARR		Howard Co	ounty		MD	٥.
	10 CI	TY ्रिंडिडिडिडिडिडिडिडिडिडिडिडिडिडिडिडिडिडिड	ATH			URSING HOME C	OR OTHER INSTITUT	ION	12a USUAL OCCUPATION OF WORK FOR MOST O		26. KIND O	F BUSINESS OR	
	Ca	DIUMBII	7	HOWA	RD	COUNT	Y GENI	ERAL			R.	11	
	13a. S	AL RESIDENCE (IF NUR!	13b COUN		13c CITY OF		13d INSIDE CITY LI	MITS?	13e STREET ADDRESS	O	10	17	
		MD	Hou	WARD	(0)	UMBIA	YES NO	_	LORIEN	NURS	11V6	Hom	1
ř	I4 FA	THER'S NAME	N	AIDDLE	LAS	т	15 MOTHER'S MAI		MIDDLE		LAS	T	
-			son Ha					Carol	ina Hall		-		
1		VAS DECEASED EVER		WAR OR DATES)		SECURITY NO.	17 INFORMANT		ADDRE				
		No			216	07 4248	Mrs Mary	Hall	Main St E	lkridge		21227	
	100	18. CAUSE OF DEAT	H (Enter onl	y one couse per	line for (o), (b), and (c).)					BETWEEN	MATE INTERVAL ONSET AND DEATH	
		PARTI. DEATH		E CAUSE (o.	ardia	e arres	+						
		0389	1	DUE TO, OF	R AS A CONS	SEQUENCE OF							
1		Conditions, if ony		(16) A	470V010	enia ek	ectrolyte 1	msale	ance				
		gove rise to imi	ng the	DUE TO, OF	R AS A CONS	SEQUENCE OF							
		underlying couse	lost.	(c) 5	eptice.	Mia Coose	este); una	17 in	fection			4 2 6 7	
	7	PART 2. OTHER SIG	NIFICANT C	ONDITIONS <u>CC</u>	NTRIBUTING	G TO DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	DITION GIVEN I	PART 1/c	>)	-
	CERTIFICATION		chronin		etire 1	pulmona	iry dispas	e					
	CA	190 DATE OF OPERA	TION	19b. CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	0	200 AUTOPSY?	20b. IF YES, WE	RE FINDING CAUSES	OF DEATH?	
	RTIF								YES NO	YES 🗌		NO 🗆	
		OR CONTRIBUTING		21 b. TIME OF	F INJURY M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)		
ı	CAI	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P./		19			24-14				
1	MEDICAL	21d. INJURY OCCUR		21e. PLACE ((AT HOME, STR		OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	/N C	OUNTY	STATE	
		AT WORK AT WO	ORK -				1						
		22a. I certify that (I)	(this hospite	ol) ottended the	deceased f	rom	126 19	84	, to	7/7.6. 19	1	that (1) (we) last	
		obove, (I) (we) (19_ <u>37</u> , or	nd that in (my) (our)	opinion de	oth occurred on the do	ite and hour and	from the	couses stated	
	10	77h GIGNATURE	1	1		100	DEGREE ATTEN	DINIC	MEDICAL STAF		22c. DATE	SIGNED	
		Stephen	-4m	u	M-	0.	PHYSI	ICIAN	MEDICAL STAF	IAN	2126	184	
		THE PHYSICIAN'S N.	NO PHILL SAVA	PERIT)			22e. ADDRESS	CGH				21044	
		Stephen	the last		AID.		5 753		lar Lane	Columbia	Md.	2120	
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	1004		EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN	LOUN	тү	STATE	
	24.5	Burial		Feb 29	,1984	Meadow					iaryl		
		NERAL DIRECTOR	rke /1	12 Col.	ADDRE	Ellico	++C1+	250. DATE	REC'D. BY REGISTRAR	25 REGISTBAR	SIGNATA	didelle	
	11.6	LLV I WILL	426 41	LLUU LLU	MINTAK	T ETTICO	LLUILY	MARC		- Low I	American Park		

MAR 5

1984

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BP DHMH - 16 60M 7/73 (VR A 15 (4))

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Virginia U.S.A. striber

Houard County

late Jackson Hall late Carolina Hall

216 07 4248 Mrs Mary Hall Nain St Eleridee Md 21227

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	2
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	PITAL OR ATTENDING PHYSICIAN. The low requires that the destit certificate be executed within 24 hours often death to the bosonics or attending abusiness.
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DHMH - 16 50M 4/83 (VRA 15, 4)

					O I DO MILLIO		EALTH AND MENTAL	TO TELE	13			
- 1	1-	REGISTRAR				CERTIFI	ICATE OF DEATH		REG. N	0.		
- 1		CEASED NAME	FIRST	MIDI	DI€	LA	AST	20. DATE	OF DEATH	MONTH D	DAY YEAR	26 HO
- 1	11119	7	RATIC	is H		XI	obbins			Q - 3	21-84	12:
	3. SE)			RACE		5. DATE O	F BIRTH	6 AGE	IN YEARS LAST OIR		IF UNDER 1 YEAR	IF UNDE
		m		C		MONTH	S 98	2	85	YRS.	NONTHS DATS	HOURS
10	7a. BII	RTHPLACE STATE OR	FOREIGN 76	CITIZEN OF WH	IAT COUNTRY?	8.	D NEVER MARRIED	9 BAITE	MORE CITY C		OF DEATH	
7	N	DUNTRY]	X	0.5			DIVORCED		VI	WAR	d	
57	18. CI	TY OR TOWN OF DE	ATH 11			G HOME O	OR OTHER INSTITUTION	12a USU	AL OCCUPAT	ON	126. KIND O	F BUSIN
1	0	lu - his	. /	JE NOT IN SUCHE	ACILITY, GIVE STREET A	LS/YG	Xlame -		stodia		Realt	tv (
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9	130 5	TATE	136 COUNTY		LAY RE		13d INSIDE CITY LIMITS	102	O4 S	nowde	n Rd.	20
10	M.FA	THER'S NAME					15. MOTHER'S MAIDEN	NAME			11 1101	20
20	1	John'	AA IC	DDLF	obbins		Julia	3	MIDDLE	C	ostell	Lo
	Ha. V	VAS DECEASED EVER			SOCIAL SECUI	RITY NO.	17. INFORMANT		ADDR		0.0022	
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29	MEDICAL CERTIFICATION	gove rise to im couse (o), stofi underlying couse PART 2. OTHER SIG	mediate ng the e lost. NIFICANT CO TION DERLYING CAUSE OF DEATH KCAL EXAMINER) RED HILE DIRK	IED ONDITIONS CON METASTA 196. CONDITIONS CON INC. 196. CONDITION CONTINUE OF IT HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET)	TRIBUTING TO DE TO FOR WHICH: NJURY MONTH DA INJURY FACTORY, OFFICE, FO	NCE OF PACTURE OF PACT	NOT RELATED TO THE TO CONTROL OF THE TO	200 A YES [UTOPSY? NO R NATURE OF INJU	20b. IF YES IN CERTIF' YES	, WERE FINDEN YING CAUSES S	IGS US OF DEA NO
99	MEDICAL CERTIFICATION	gove rise to im couse (o), stofi underlying couse (o), stofi underlying couse (o). PART 2. OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (O) IN EITHER NOTHY MED AT WORK WORK (O) AT WILL 27a.1 certify that (I) saw the decess	mediate ng the e lost. NIFICANT CO THON DERLYING CAUSE OF DEATH ICALEXAMINER) RED HILL O (this hospitoled alive on ced alive on ced.	Ic) ONDITIONS CON METAS 19b. CONDITION 21b. TIME OF II HOUR A.M. P.M. 21b PLACE OF (AT HOME STREET	TRIBUTING TO DE TO FOR WHICH	NCE OF A UNICE OF OPERATION NY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TO CONCINCE ON WAS PERFORMED 216. HOW INJURY OCCUPANT OF THE TOTAL OCCUPANT OF THE TOTAL OCCUPANT OC	200 A YES [CURRED (ENTE	UTOPSY? NO R NATURE OF INJU	20b. IF YES IN CERTIF' YES RY IN ITEM IQ P.	, WERE FINDING CAUSES S ART 1 OR PART 2] COUNTY	IGS USI OF DEA NO
99	MEDICAL CERTIFICATION	gove rise to im couse (o), stofi underlying couse (PART 2. OTHER SIG 190 DATE OF OPERATOR OF CONTRIBUTING 11 IN THE WORK NOTEY MED 21d. IN JURY OCCUR MILE NOTEY MED 21d. IN JURY OCCUR MILE NOTEY MED 22d.1 certify that (I saw the december 1)	mediate ng the e lost. NIFICANT CO THON DERLYING CAUSE OF DEATH ICALEXAMINER) RED HILL O (this hospitoled alive on ced alive on ced.	IED ONDITIONS CON METASTA 196. CONDITIONS CON INC. 196. CONDITION CONTINUE OF IT HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET)	TRIBUTING TO DE TO FOR WHICH INJURY MONTH DA INJURY FACTORY, OFFICE, FACTO	NCE OF A UDEATH BUT OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TO CONTROL OF THE TO THE T	200 A YES CURRED (ENTE	UTOPSY? NO RNATURE OF INJU CITY OR IC	206. IF YES IN CERTIFY YES RY IN ITEM ID P.	WERE FINDING CAUSES THE COUNTY TO AND THE COUNTY TO AND THE COUNTY TO AND THE COUNTY	IGS USI OF DEA NO
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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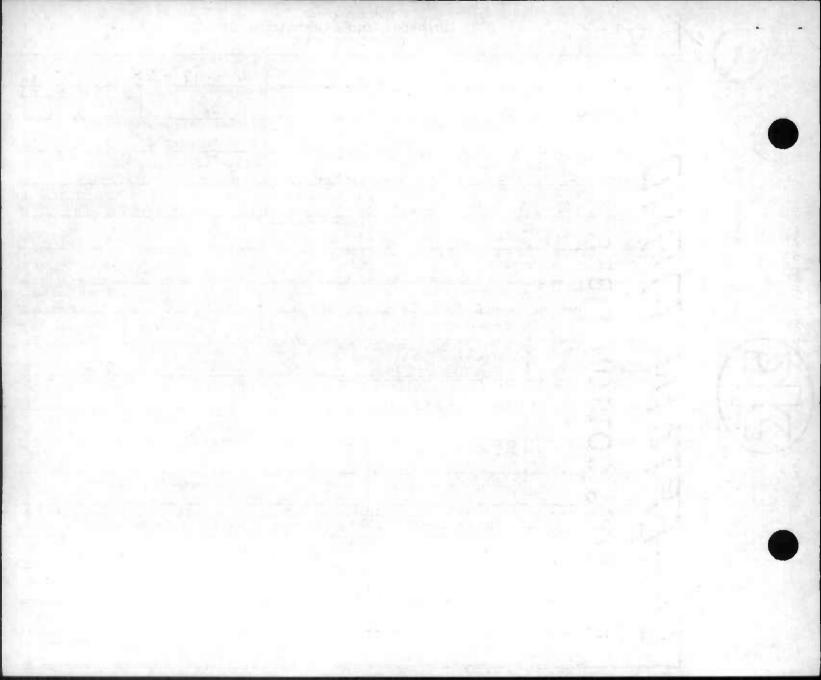
1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME	FIRST	A	AIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(TYP	PE OR PRINT)	Mary	Reh	ecca	Hof	fman	2 - 19	-84	116	422
1.50		itet 2 y	4 RACE	recea	IS. DATE C		6 AGE (IN YEARS LAST BI		NDER I YEAR	IF UNDER 24 HRS
6	Female	e	Whi	te	Feb		78	YRS	THS DAYS	HOURS MIN.
7a B	SIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
M	faryland		U.S.	Α.	WIDOWE			(P)		M
10.0	olumbi	. /	(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewif	OF WORKING LIFE)	NDUSTRY	BUSINESS O
13a.	JAL RESIDENCE (IFN STATE (aryland	13) COUN	OTHER INSTITUTION.	-	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 9532 Har	mony R		
JA.F	ATHER'S NAME	_				15 MOTHER'S MAIDEN N	AME			
	Vernon		MIDDLE	Wedd1e	2	Cora	Мае		Taf	
	WAS DECEASED EV		_ •	16b SOCIAL SECL		17 INFORMANT	ADDR			
4	(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-10-	-1785	Dorothy S	10907 He womley, Thu	ssong rmont,	Ma.	1e Roa
	18 CAUSE OF DE PART I. DE ATH	WASCALISE	D BY.	line far (a), (b), an						NATE INTERVAL
	4.40	IMMEDIAT	E CAUSE (a)	CARDIO - 1	RESP.	ARREST			~10	min.
	436	0	DUE TO, OF	R AS A CONSEQU	ENCE OF			1 1000	:	
	Conditions, if a	ny, which	((b)	PNEUMON	IA F	OSSIBLE AST	PIRATION)		1 mo	,
	gave rise to cause (a), sta		DUE TO. OF	R AS A CONSEOU	ENCE OF					
	underlying ca	use last.				CULAR ACC	IDENT		6 d	
3	PART 2 OTHER S	GNIFICANT	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN I	N PART 10	
O N	GAST	KOINTE	STIMAL	SLEET	ZING					
CERTIFICATION	19a DATE OF OPE					N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES		
E E	210. ACCIDENT WAS	UNDERLYING	216. TIME O			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
	OR CONTRIBUTING		1141	M. MONTH D	AY YEAR					
MEDICAL	21d. INJURY OCC		21e PLACE C	OF INJURY		21f. LOCATION		No.		
X	WHILE NOT	WHILE	(AT HOME, STR	BET FACTORY OFFICE	FARM, ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
		WORK	Tab assended the	decreed from	1	10 84	. 7	119 10	द्रय .	100
	220.1 certify that				1	d that in (my) (aur) apinion	n death accurred on the d	ata and hour no		hat (we)
		(did)(did na	t) view the body	after death.			dean occorred on the o	are and noor on		
	226. SIGNATURE	Louis	7. 8	res m	- 91	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	184
П	22d. PHYSICIAN'S	NAME (TYPE O	-			22e ADDRESS		per 1	!	
	Louis	F. FR	IES TH			4326 CR055	COUNTRY	DR. EL	LICOTI	CITY
23o.	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. I	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Bur:		2/22/			livet Cem.	CITY OR TOWN		YIAUC	STATE STATE
24 F	DUI.	Lai	1 4 / 4 4 /	0-1	1L. U		Fredera			
		as Sta	uffer.	ke, Fred		21701 FF	B 2 3 1984	La Dayas	PX=Non	مالالالالا
	1621 0p	ossumt	own Pi	ke, Fred	deric	k.Md.	0 0 0 007			

DHMH-16 30M 2/80 (VRA 15, 4)

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retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remaye carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaya



	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEAL	MARYLAND TH AND MENTA TE OF DEATH	L'HYGIENE ()	REG. NO.	6 3	
200		CEASED NAME FIRST OR PRINTS	lesce.	LOA	49	2a DATE	OF DEATH MON	DAY SEAR	5:51
8)	3 SE	m	4 RACE	5. DATE OF BI		6. AGE	IN YEARS LAST BIRTHDAY	YRS	HOURS MIN.
2 lo di		RTHPLACE (STATE OR FOREIGN GUNTRY) D.C.	76 CITIZEN OF WHAT COUNTS	MARRIED WIDOWED X	NEVER MARRIE		morecity <u>or</u> co oward Cou		N
by the fu		TY OR TOWN OF DEATH Columbia	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Howard Count	EET ADDRESS)	THER INSTITUTIO	N 12a USU	AL OCCUPATION YORK FOR MOST OF WOR	126. KIND (RKING LIFE) INDUSTRY	of Business of e-trimme
filled in		AL RESIDENCE (IF NURSING HOME OF TATE 13) COUT	R DIMER INSTITUTION GIVE RESIDENCE BEI TY 130. CITY OR TO Jess	DWN 13d	INSIDECITY LIM	115? 13. SIRE 3 825	et appress 1 Washing	ton Blvd.	20794
ond 2 st	7	THER'S NAME 11iam [Benjamin LAST	Long	MOTHER'S MAIDI Bertha	EN NAME M	arch	Bradf	örd
Poges		VAS DECEASED EVER IN U.S. AR (ES NOOR UNKNOWN) (IF YES GO	TYAR OR DATES) 166 SOCIAL SE 577-24-		INFORMANT 1r. Josei	ph Long	8224 Sa	Jessup avage Guil	ford Rd
that the death certificate d by the ottending physici lease remove carbonopopee tol, cremation, or removal. or other troumatic event, th		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), ED BY: TE CAUSE (o) DUE TO, OR AS A CONSECT (c)	lassiv		n.Z RTERZ	<i>の</i> くっ,		mmate interval Onset and death
en signe Then pl or to bury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT	T RELATED TO TH	E TERMINAL DISE	ASE OR CONDITIO	ON GIVEN IN PART 1	0
The low icion. te hos ber is a permit grene price shows only	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION W	AS PERFORMED	20a A	IN	HEYES, WERE FIND I CERTIFYING CAUSES YES	
g physici g physici ertificote iol-fronsi intol Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	L HOW INJURY C	OCCURRED (ENTE	R NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)	
ING PHYS r ottendin After this cos the bur Ith and Me	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI		LOCATION STREET		CITY OR TOWN	COUNTY	STATE
Spitol or Spitol or CTOR: Al for use of Healt		sow the deceased alive or	tal) of other ded the deceased from 2 - 2 / 19	P. S.	1) , 19	pinion death occu	urred on the dote a	nd hour and from the	that (I) (wa) lo
AL OR A the hos AL DIREC detoched ote Dept. IT: If them		226. SIGNATURE	sællen	DEG	ATTEND		AL STAFF OR PHYSICIAN	_ 2 :	SIGNED O
HOSPIT, and by the Sto		226 PHYSICIAN'S NAME ITYPE OF	ORPRINTI	220	ADDRESS (26	Lymps	ate R	ol alu	2064

23c. NAME OF CEMETERY OR CREMATORY

Balto., Md.

23d LOCATION CITY OR TOWN

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 2 8 1984 La Davidson-Randale

COUNTY

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

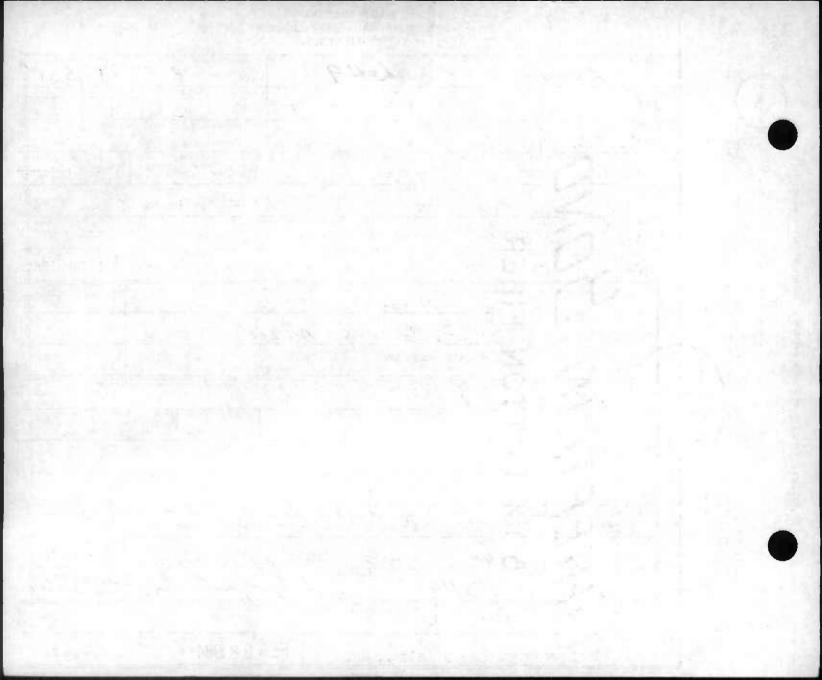
24 FUNERAL DIRECTOR

Remova 1

236. DATE

Anatomy Board

2/23/84



equires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

	FOR		
-	STATE		
	REGISTRAR		

STATE OF MARYLAND

) 4					
REG. N	10.				
ATE OF DEATH	MONTH	DAY	YEAR	25 HOUR	ï

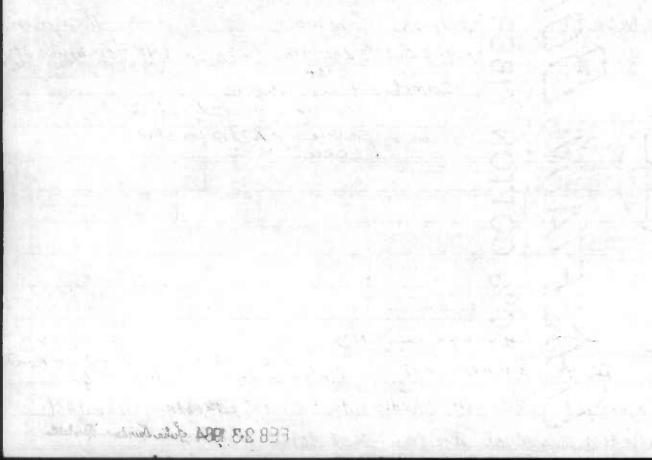
	1 - STATE REGISTRAR	DEPAKIN	CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	K P.	Mac Kenzie	20. DATE OF DEATH MONTH	3 84 O:44 PM
	3 SEX MALE	1. RACE White	S. DATE OF BIRTH MONTH DAY YEAR OFF 0.3 10	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
7	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MASS	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUL	ARD MD.
1	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	175 KIND OF BUSINESS OR 16 LIFE) INDUSTRY Shoe Repair
	USUAL RESIDENCE (IF NURSING FOME) 130 STATE 11	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e. STREET ADDRESS 30	SWORTH AUE
	14 FATHERS NAME FIRST	MACKEN 3	15. MOTHER'S MAIDEN N.	MIDDLE	Perry
1	160 WAS DECEASED EVER IN U.S. A (YES, NO O) UNKNOWN) (IF YES, G)	RMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 578014	17 INFORMANT Splly Lee	Kingsbery - A	ewyerk, N. Y.
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	enters lung Con	accer, prenumen	
5	Z	volia c avolyt	DEATH BUT NOT RELATED TO THE TER. CATOR OPERATION WAS PERFORMED	2 fihr. (laten 200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
	OR CONTRIBUTION OF CHIEF OF D	HOUR A.M. MONTH DA	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO NO NO NI NI PART I OR PART 2)
	OR CONTRIBUTING CASE OF D OR ESTIMER, NOTIFY MEDICAL EXAMIN 216. INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	1	CITY OR IOWN	COUNTY STATE
4	270. I certify that (I) (this has a sum of the decorated alive a subsystem. It was reliable (did not be subsystem). It was reliable (did not be subsystem). The subsystem is a subsystem of the subsystem of the subsystem. The subsystem of the sub	opital) attended the deceosed from 19 8 and 19 8	DEGREE CON SUL ATTENDING PHYSICIAN 22e ADDRESS 11085 WH	ting available fine available STAFF DIRECTOR PHYSICIAN	
1	230 BURIAL, CREMATION, REMOVA	236. DATE 236. N	day Hill Musely	23d LOCATION CITY OF TOWN ATE REC'D. BY REGISTRANI (A) - PEG	COUNTY STATE
	Horny W. Hay	It Sykesville	Md. FE	B 6 1984 2	Lu L Chull

DHMH- 16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. MPORTANT: If them 21 is marked or them 18 slows any injury, or ather traumotic event, the the state of the s

	1	FOR STATE		STATE OF MARYLAND T OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE 0 4 9 6	, 5
200		REGISTRAR CLASED NAME FIRST	WIDDIE	LAST	REG. NO.	DAY YEAR 26 HOUR
P	2.65	Sarah	E. Matt.		2-18-84	M IF UNDER 1 YEAR IF UNDER 24 HRS.
	3 SE	Female	Negro 5.	DATE OF BIRTH MONTH DAY YEAR 11	72 YRS.	MONTHS DATS HOURS MIN.
O 4 BLL 35	7a. B	RTHPLACE (STATE OR FOREIGN 76)		AARRIED NEVER MARRIED DIOWED DIVORCED	HOUSE CITY OF COUNT	COUNTY MD.
	10.0	olzem bio	NAME OF HOSPITAL, NURSING HIP NOT IN SUCH FACILITY, GIVE STREET ADDR	OME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR
ND 2120 24 Fourth	USU IJE	TATE 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADM		13. STREET ADDRESS	2172 Beetin
MARYIA and within	14.77	MARShall ME	Rollins	15. MOTHER'S MAIDEN NA Sm ma	WIDDIE	Thompson
MORE, Popper		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		53 ELNESTINE	Gibson 641	1 FairbayKs St
RDS, 201 W. PRESTON 5T., BA requires that the death certificate is signed by the attending physic Then pleans remove corbonalogs to burnil, diremation, or removal rightly, or other traumatic Press.	NOI	Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENC (b) DUE TO, OR AS A CONSEQUENC (c)	Rocent	Tract refer AD & Pa 45 H. I.	
A RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
OF VIII	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
VISION OF PHYS or the bur and Me sed St. It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDEN TOP AND OT USE AND OT USE OF	-	22a.1 certify that (I) (this haspital saw the deceased alive an	19	, and that in (my) (aur) apinion	ta ta	19 that (I) (we) fast ur and from the causes stated
PITAL OR A. by the long URAL DIREC be detached \$5500 Dept.		obove. (I) (we) (did) (did not) v 77b SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OR PI	ravagana	DEGREE ATTENDING PHYSICIAN 122 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 2-19-89
TO HOS TO FUN MPORT	120 5		AKARUNI	Colem	123d LOCATION	2 10461
BP		BURIAL	2-23-84 Mea	down age Mem	PK. ETKridge	Howard Marie
DHMH-16 30M 2/80 (VRA 15, 4)	5	nerat director Nowden Fun	ural Snetn		B 23 1984 Sulia D	undson Randall



KTTENDING PHYSICIAN, The

STATE OF MAN	
DEPARTMENT OF HEALTH AL	D MENTAL HYGIENE
CERTIFICATE O	

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					ICATE OF D			G. NO.			
PE OR PRINT	FIRST	N	AIDDLE	l,	AST ME A	vley	20. DATE OF DEA	TH MONT	H DAY	YEAR	26 HOUR
	Emm	a.	H.	m	Carely			2	21	784	5:15A
EX	4. F	RACE		5. DATE C		YEAR	6. AGE (IN YEARS)	AST BIRTHDAY		UNDER I YEAR	IF UNDER 24 HRS
FEMA	LE	Whi	te	2	6	1892	90		YRS.		
BIRTHPLACE (STATE OF	FOREIGN 76	CITIZEN OF V	WHAT COUNTR'	Y? 8 MARRIEI	NEVER M	ARRIED 🗆	9. BALTIMORE	ITY OR CO	UNTYO	FDEATH	
WISCOM		u.	J. A.	WIDOWE	DIN DIN	ORCED 🗌	/7	OW	AK		M
CITY OR TOWN OF DE	ATH 11.	NAME OF H	HOSPITAL, NURS HEACILITY, GIVE STRE	SING HOME C	R OTHER INST	TUTION .	17a USUAL OCC		KING LIFE)	176. KIND C	OF BUSINESS OF
-orumb	14/	towk		OUNTY	GER	ERAL	Teach	er_		Sc	100/
UAL RESIDENCE HE NUE STATE APRV/AN	136 COUNTY	ARROW	130 CITY OR TO		13d INSIDE CI	TY LIMITS?	13e. STREET ADD	RESS Be	thu	Au	DRIVE
FATHER'S NAME FIRST	Unk	DIE .	LAST		15. MOTHER'S	MAIDEN NA/		DDLE		LA	ST
AS DECEASED EVE			166 SOCIAL SE	CURITY NO.	17 INFORMA			ADDRESS			Mary Mary
INS NO GEUNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	214 20	0 3670	201	in m	e Auleu	, JR	. 3	Syke.	swilk. I
18 CAUSE OF DEA	TH (Enter only o	ne couse per	line for (a), (b),	and (c)			1			BETWEEN	MATE INTERVAL
PART I, DEATH V	WAS CAUSED B	Y:	Parde		Inex	Talls				2 min	
429	2		R AS A CONSEC	/						7-11	
Conditions, if on		(b)	ASCUD		350	1997				204	rs
gove rise to im cause (a), stati		DUE TO OR	R AS A CONSEC	DUENCE OF			T LEE				
underlying caus	e last.	(c)								1	1001
PART 2 OTHER SIG	MIFICANT CON	IDITIONS <u>CC</u>	ntributing to	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITIO	N GIVEN	IN PART 1	0
190 DATE OF OPERA	MIN	196. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY	? 20b.	IF YES, V	VERE FINDI	NGS USED OF DEATH?
							YES NO	SZ .	YES		NO [
21a. ACCIDENT WAS UN		216. TIME OF	FINJURY M. MONTH	DAY YEAR	21c HOW IN	URY OCCURR	RED (ENTER NATURE	DF INJURY IN IT	EM 18 PART	1 OR PART 2)	3.
OR CONTRIBUTING		P.A		19							
21d INJURY OCCUP		718 PLACE C	OF INJURY EET FACTORY, OFFIC	E. FARM, ETC.)	71f LOCATIO	N	CIT	ORTOWN		COUNTY	STATE
AT WORK AT W	ORK							,	17		
sow the decea above, (1) we)			0 / 1 2	001	d that in mo	, 19 8 4 our) opinion (deoth occurred on	the date or	7, 19 nd hour o	-	that (1) (we) los couses stated
226. SIGNATURE	(did) (più har) vi	ew the body t	arrei deain.	7	DEGREE	7123				22c. DATE	SIGNED
1 m	Deren	h	e-K	V	mon	TTENDING HYSICIAN	MEDICAL	STAFF		2/3	17/84
	AME (TYPE OF PR	INT)			22e ADDRES						
22d. PHYSICIAN'S N											
22d. PHYSICIAN'S N					- 10						
22d. PHYSICIAN'S N	, REMOVAL	3b DATE	23	MAME OF C	EMETERY OR C	REMATORY	23d. LOCATIO	7			
	, REMOVAL	36 DATE	84 0	MANE OF C	Park	REMATORY	23d. LOCATIO	2046	lik	COUNTY	MA

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached with the State Dept. MPORTANT: If Its

the second of th Units and a second of the seco Const. South Statem Rich teeting Little Page 18 March

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other death a	I	1	1
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should be detached for use as the barial-transit permit. Then please remove corbonopers. Pages 1 and 2 should be filed within 72 has attituded	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examiner must be readiled of order	1, 1)
ed for	pt. of H	em 21 ;	
toch	e Dei	if he	
oe de	Stot	ANT.	1
old b	the r	ORT.	1
shou	With	MP.	_

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral di

FOR - STATE DEP

STATE OF MARYLAND	15	A	3	6	
ARTMENT OF HEALTH AND MENTAL HYGIENE	U	64	7	0	
CERTIFICATE OF DEATH		DE C	NO.		

	REGISTRAR		CEKIIF	ICATE OF DEATH	REG. NO).		
	CEASED NAME FIRST	WIDDLE	· ·	AST	20 DATE OF DEATH	MONTH DAT	YEAR	26. HOUR
,,,,,	DAISY	EMMI	9 M	ELLIN	FEI	3. 8	1984	8 94
3. SE	X	4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDERTYEAR	IF UNDER 24 HRS
1	FEMALE	WHITE	Oct	06ER 27 1902	81	YRS.	NIHS DATS	HOURS MIN,
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTYO	FDEATH	
	ENNSYLVANIA	U.S.A	• WIDOWE		HOWAR	D Co	UNT	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		126. KIND OF	BUSINESSOR
EL	LICUIT CITY	8717 FREDE	2.1	AD	HDAEMAKE			restic
USU. 13a. S	AL RESIDENCE LIF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDE	OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			21043
	ARYLAND HOL		COTT CITY	YES 🔼 NO 🗌	8717 FR	EDERI	CK RO	AAS
14 FA	ATHER'S NAME FIRST	WIDDIE	LAST	15 MOTHER'S MAIDEN NAM	WE		LAST	1
	AUL		HLING	EMMA			VAN	URDEN
	VAS DECEASED EVER IN U.S. AR YES, NO GRUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCI	IAL SECURITY NO.	17 INFORMANT	ADDRES	8717	FREDERI	CK ROAD
	NO -	214-	40-4508	HNDA HUNDLE	y Eu	LILOTT C		21043
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for to	1, (b), and (c)	/ 11.1.00	10000		APPROXIM BETWEEN OF	NATE INTERVAL
81	1539 IMMEDIAT		yo ru	T MONIZKI	ARREST			
	155/	DUE TO, OR AS A CO	NSEQUENCE OF	200				
	Conditions, if any, which	(ıb)	(-ARCINOMA	10515			
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	2001	- C		-	
	underlying couse lost	((c)		ARCINOMA	OF CO	LON		
-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	ITION GIVEN	IN PART 10	
ě								
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20e AUTOPSY?		VERE FINDING	
RTIF					YES NO	YES [NO 🗌
G	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTERNATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
AED	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION STREET	CITY OR TOW	M	COUNTY	STATE
-	AT WORK AT WORK		0	0.0	. 0	2	26	
	22a.1 certify that (I) (this haspi	6)	211	2 . 19 8 7	, to	. 19		hot (1) (we) lost
	sow the deceosed olive on above, (I) (we) (did) (did no	t view the body ofter deat	h. 19 0 7 , on	d that in (my) (our) opinion d	leath occurred on the do	e and hour o	nd from the co	ouses stoted
	226. SIGNATURE			DEGREE	/		220 DATE S	IGNED RW
	Neil	Faccus	(CO)	ATTENDING PHYSICIAN	MEDICAL STAFF	AN 🗌	0.	8 . 3.7
	224. PHYSICIAN'S NAME (TYPE O	IR PRINT A I O	1	22e ADDRESS		1	1)	()
	RETH	T I I A C F	10	3350 W	ILKENS 1	IVE,	138	10 MI
23a £	SECOND CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		Diam'r.	·
L '	BURIAL	2-11-89	LORRAIN	E PAKE CEM.	Worden) Bi	9LT.	mi
	JNERAL DIRECTOR	/	DDRESS ROI BI	X 268 250 DATE	REC'D. BY REGISTRAR 2	Sh REGISTRA	R'S SIGNATU	RE
5	LINCK FENERA	L Homes	ELLICOTT	Cay MOZIFYET	3 1 0 1000	a.	OR	

DHMH - 16 50M 1/81 (VRA 15, 4)

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1	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE () 4 REG. NO	968	
	ECEASED NAME FIRST PE OR PRINT)	WIDDFE	LAST CAST	2a. DATE OF DEATH		HOUR
	Foro		MOAZEd	1.05		UNDER 24 HRS.
3. SI	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT		OURS MIN.
	Female	Caucasian	10 - 19 -1912		YRS.	
7a. E	BIRTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	Iran	USA	WIDOWED DIVORCED	Howa	rd	MD.
10. (CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE		USINESS OR
0	Columbia	LOVIEN	ADDRESS)	(TYPE OF WORK FOR MOST OF Housewi		
13a.	JAL RESIDENCE (IF NURSING HOME C STATE 13b. COU	or other institution, give residence before inty oward Column			and Banks	
	late Taghey	MIDDLE LAST Nouvany	FIRST 1ate	MIDDLE	LAST	
160	WAS DECEASED EVER IN U.S. A			ADDRE	SS	21044
		IVE WAR OR DATEST		1 E002 C-		
	No	120-20	-4145 Mr Cyrus Mo	azed 3993 Gr		TE INTERVAL ET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A GONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		Soui ou		
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	Rheumatha Telated to the ter		DITION GIVEN IN PART 110	
CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)	
SAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	CA101	19			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OF TO	wn county	STATE
2	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	AKM, EIC J			
	saw the deceased alive a	n 2 19 5	y, and that in (my) (our) apinio	n death occurred on the do		ot (I) () lost uses stated
	226. SIGNATURE	on the body offer deoff.	DEGREE		22c. DATE SK	GNED
	200h	marque	MD ATTENDING PHYSICIAN	MEDICAL STAF	1AN 2 2 11	.8x
	22d PHYSICIAN'S NAME (TYPE	ORPRINT)	22e ADDRESS 10806	Hickory	Ridge R	Q . 210
220	BURIAL CREMATION PEMOVA	1 23h DATE 123c	NAME OF CEMETERY OF CREMATORY	123d LOCATION		

Crestlawn

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

[SPECIFY]

Burial Feb. 13, 1984 Crestlawn
Parry H Witzke 4112 Columbia Rd Ellicott City

250. DATE REC'D. BY REGISTRAN 25 BY REGISTRAN

banoni Housevife THE HARMEN CALLED AND STATE OF THE PARK DAY 13, L.t. in 'cy ...ourany 15. C to 4145 Hr Cyrus Mongod 5993 drand Banks 13 Columbia and about 1 the car is to formand to have and the first with The second secon Burial Feb. 13, 1984 Crestlaum hanitas gave Marry H Mirabe 4112 Columbia Ed Filicott City poge 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	STATE REGISTRAR		DEFARIA		ICATE OF	DEATH	REG. N	10.				
Ì		CEASED NAME FIRST		MIDDLE	Į.	AST		20. DATE OF DEATH	HINOM	DAY Y	YEAR	26 HOUR 8	
l	(TYPE	FREDE	RICK	S. M	NUE	LLE	R		2	20 8	74	100	M
1	3. SEX		4. RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER		IF UNDER 24 HR	_
l	/	MALE	White		MONTH	16	05	78	YRS		DAYS	HOURS MIN	1.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	X NEVED	MARRIED -	9 BALTIMORE CITY	OR COUN	ITY OF DEA	TH		
4		Maryland	U.S	.A.	WIDOWE		NORCED [HOWAR	D	COU	NT	Y	AD.
1	10. CIT	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C		MOITUTITE	120 USUAL OCCUPA				F BUSINESS C	R
I	0.	OLUMBIA	HALL) AR	P CTY	GEN	1405	PITAL.	Retired			Che	nical	
4	USUA 13a. S	L RESIDENCE (IF NURSING HOL	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	Alek busine					0110		_
ı	1.0		altimore	Catonsy		YES T	CITY LIMITS?	13e. STREET ADDRESS 2113 Fe		en Way	,	21228	
1		THER'S NAME	ar crinore	Cacerio	1110		'S MAIDEN NA		THUTE	on way		2 1220	
1	1	FIRST	MIDDLE	LAST			FIRST	MIDDLE			LAS		
4	14- 14	Theodore VAS DECEASED EVER IN U.S	P.	Muell 166 SOCIAL SECU		17 INFORM	Clara	ADDI	DECC		He	tz	_
1			S, GIVE WAR OR DATES)			11/2-11/1							
ı		No		213-10-	7284	Mrs.	Hilda (C. Mueller	San	ne as		3	
I		18 CAUSE OF DEATH (Ent.	er only one couse per	0-		_	0.6			BE	IWEEN C	MATE INTERVAL ONSET AND DEATH	4
ı			DIATE CAUSE (0)	RENA	4	TAI.	LURE						
I		5860	DUE TO O	R AS A CONSEQUE	NCE OF			~	214				
1	- 1	Conditions, if ony, which		FUD S		ER	ENA	2 DISE	ASE				
1		gove rise to immediate couse (a), stating the	e									3/7/11/11	П
ı		underlying couse los	DOL TO, O	R AS A CONSEQUE	NCE OF								
1		PART 2 OTHER SIGNIFICA	(c)	SAITBIBLITING TO F	DEATH BUT	NOT DELATE	D TO THE TEN	UNIAL DISTASS OR COL	IDITIONI	ONENIBLE	A DT 1		_
	Z	GLO. A	e disic		ZEATH BUT	NOT RELATE	D TO THE TERM	VINAL DISEASE OR COL	ADIIION (SIVEN IN PA	AKI I(C	31	
4	CERTIFICATION	19a DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	70h IF	YES, WERE	FINDIN	IGS LISED	
1	FIC									TIFYING CA		OF DEATH?	
4	FR	71g ACCIDENT WAS UNDERLYING	G 7 216, TIME O	E INTITION		Tale How I	NUIDY OCCUP	YES NO		YES		NO 🗌	_
		OR CONTRIBUTING CAUSE O	LIOUD A	M. MONTH DA	YEAR	ZIL. HOW I	NJORT OCCUR	KED (ENTER NATURE OF IN)	URY IN ITEM I	18 PART ORPA	ART 2)		
١	CA	(IF EITHER NOTIFY MEDICALEXA			19								
ı	WEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY	ARM. ETC 1	211 LOCAT		CITY OR T	OWN	COU	NTY	STATE	
I	~	AT WORK NOT WHILE				1		No. of	1				
١	- 1	220 I certify that H (this h	hospital) attended th			214	19	£. to3	120	. 19	4	that (I) (we) la	st
ı		sow the decrased pliv phove, (1) (we) (did) (di	e on	19 19 19 19 19 19 19 19 19 19 19 19 19 1	84.01	nd that in (my) (our) opinion	death occurred on the	date and h	nour and Iro	m the	causes stated	
ı	- 1	226. SIGNATURE	T view rice body	1 -	- 60	DEGREE	OUT N			22c.	DATE	SIGNED	_
		(30		XUZ)		5	ATTENDING PHYSICIAN [MEDICAL STA	AFF ICIAN	0	2/2	7/8/4	
1		224 PHYSICIAN'S NAME	TYPE OR PRINT	- 0 -	_	22e ADDRE	SS A	CONTRA	10.	CK.	HO	50	
1		A. MIREKI	U-BOH7	ZNG 1	4D	110	mest	COUNT	MA	-11/1	// 0.		
1	23a. B	URIAL, CREMATION, REMO		23c. N	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION					

BP____

etoined by the hospital ar ottending physician

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corbon papers. Powith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shows

Burial 2/23/84

Lorraine Park Cemeter

LA Moodlawn

COUNTY

Md.

24 FUNERAL DIRECTOR RUSSell C. Witzke Funeral Homes P. 1250 DATE REC'D. BY REGISTRAR 250 REGISTRAR 2

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2.2 /Se Lottesino Punk il eggraga

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and certifierers should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, pant 1 then with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

or offending physician

retained by the haspital

BP DHMH-16 30M 2/80 (VRA 15, 4)

njury, ar ather traumatic event, the medica

MPORTANT: If New 21 is marked or New 18 shows any in

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CEKTIFI	CATE OF DEATH	REG. N	٧٥.		
	DECEASED NAME TYPE OR PRINT)	EIRST /	MIDDLE	n.	4	2a DATE OF DEATH	MONTH DAY	YEAR 2	26 HOUR 15
-		raiph.	H.	1ew	100)	4	7 //	04	1 am
1	male	whi	te	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BI			IF UNDER 24 HRS
70	BIRTHPLACE (STATE OR	FOREIGN 76. CITIZEN C	F WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	DEATH	
1	Mass.	U.S.	Α.	WIDOWE	_	How	ard.		MD.
10	CITY OR TOWN OF DE	ATH 11. NAME O	F HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND OF	BUSINESSOR
	Columbia	2 Ho. C	o.Gen.	Hos	50	Retired St		114003111	
	SUAL RESIDENCE (IF NUR	SING HOME OR OTHER INSTITUTION	N GIVE REMOENCE BEFORE		13d INSIDECITY LIMITS?	13e STREET ADDRESS			
1	mo	Howne	Colum	bia	YES NO	6336 Cedar		umbia	Md 21044
14	FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAST	
1a		Newton	1001		late Annie			LASI	
16	WAS DECEASED EVER	IN U.S. ARMED FORCES	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	RESS	21	.044
	Yes	WW 1	005 07 8	617	Mrs Robert T	aylor 6017	Jerry'd		
	18 CAUSE OF DEAT	TH (Enter anly ane couse p	(ine) or (o), (b), and	d (c).1				APPROXIMA BETWEEN ON	ATE INTERVAL USET AND DEATH
	PART I. DEATH V	VAS CAUSED BY: IMMEDIATE CAUSE (a)	+neum,	Sim				100	laip
1	3441	DUE TO.	OR AS A CONSEQUE	NCE OF	2				
	Canditions, if any	, which ((b)	· Yarzples	212 0	2º Spinel	we comp	miller	1 1	hnn
	gove rise to im cause (0), stati	ng the DUETO,	OR AS A CONSEQUE		,				
	underlying couse	e last.							
		NIFICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVEN	IN PART 11a	
Septime Carlos		Tion I was a con-				To autopoya	Ind. IEVES V	IP DE FUID U.S	
1 3	190 DATE OF OPERA	TION 149 CON	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYIN	ERE FINDING	F DEATH?
- 5	21g. ACCIDENT WAS UN	Deniving 7 23 Time	OF INJURY		Tate How INTHINY OCCUPY	YES NO	YES [NO 🗌
			A.M. MONTH DA	YE AR	21c. HOW INJURY OCCURI	CED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2)	
1	(IF EITHER NOTIFY MED 21d. INJURY OCCUR		P.M.	19	211 LOCATION				
1	WHILE NOT W	TAT HOME	E OF INJURY STREET FACTORY, OFFICE E	ARM ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE
	AT WORK AT WO	ORK C	1. 7. 1.	1-16	84	- Francy	17	81	
	aw the seces) (This hospital) ottended	//	1 DOG	d that in (my) (ser) opinion	. 10	date and hour a		ot (I) (we) last
	12t SIGNATURE		dy alter death	1	DEGREE	oddin deconica on the c	adic and naor a	22c DATE SI	
	10/1	11/16	1.1-	mi)	ATTENDING _	MEDICAL STA		2-1	7-04
4	224. PHYSICIAN'S N	AME (TYPE OR PRINT)	9-0		PHYSICIAN E	DIRECTOR PHYSI	ICIAN [_]	01	101
	Char	-les F. Tan	lor mi)		5600 Harry	Em RJ 1	O. June	. (4.2.)	1 1411
7.3	a BURIAL, CREMATION	10.0		IAME OF CE	METERY OR CREMATORY	23d LOCATION	UIUMb!	CAN I	7 - 1 7
	(SPECIFY) Cremat		0 1004			CITY OF TOWN		OUNTY	STATE
24	FUNERAL DIRECTOR					E REC'D. BY REGISTRAI			ryland RE. DO
1	Harry H Wit:	zke 4112 Col	umbia Rd 1	Ellico	tt City FE	3 2 2 1984	ia Davi	Non-Non	ague

late Leris W Marion

Retired Stationer

late Annie Hayacs

STORE Yes Will _ 005 07 3617 Its Pobert Taylor olly Jerr'd Pr. Columbia

Cremation leb 13, 1904 Testwiew Men. Pr. Caronsville Balto. Maryland Harry H Witzho .112 Columbia Rd Ellicott City

1.5	REGISTRAR DECEASED NAME	FIRST	,	MIDDLE		CATE OF DEATH	2a. DATE OF D	REG. NO.	DAY YEAR	2b. HOUR_
	YPE OR PRINT)	STHE		C.	OL	SSON	2/2	0/84	1	3 38 M
3. 5	SEX		I. RACE		5. DATE O	DAY YEAR	6. AGE (IN YEA	7	MONTHS DATE	
70.	BIRTHPLACE (SI	TATE OR FOREIGN		White WHAT COUNTRY?	8	7 96	9. BALTIMORI		JNTY OF DEATH	
M.	Minnesot		U.S.		WIDOWE	DIVORCED		JARD	COUNT	MD.
	CITY OR TOWN		(# NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	12a USUAL OC	OR MOST OF WORK		OF BUSINESS OR
Us	COLUM WAL RESIDENCE	HE NURSING HOME OR	HOW AR	GIVE RESIDENCE BEFOR	E ADMISSION)	HOSP			21	144
130	o. STATE	HOL)		Columbia		13d. INSIDE CITY LIMITS?	Lorier	DORESS Nursi	ng Home (Cedar Lan
	FATHER'S NAME	٨	AIDDLE	LAST		15. MOTHER'S MAIDEN N late Cel:		MIDDLE	GLV .	AST
		EVER IN U.S. ARA		166 SOCIAL SECT	JRITY NO.	Mrs John	Ferg 411	Peakvi	Colorado ew Dr Cas	80104 stle Rock
	03.	99 IMMEDIATI		seps	18	No hito	150 110	-		
	gove rise cause (o), underlying	couse lost.	(b)	R AS A CONSEQU	ENCE OF	NOT BELATED TO THE TE	DANIN AT DISEASE	OP CONDITION	N GIVEN IN PART	Na
NC	gove rise cause (o), underlying	to immediate stating the couse lost.	DUE TO, O	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TE				
TIEICATION	gove rise cause (o), underlying	to immediate stating the couse lost.	DUE TO, O	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TE	RMIN AL DISEASE 200 AUTOP YES	SY? 20b.	N GIVEN IN PART IF YES, WERE FINE ERTIFYING CAUS YES	DINGS USED
AL CERTIFICATION	gove rise couse (o), underlying PART 2 OTHI 19a. DATE OF (a) 21a. ACCIDENT	to immediate stating the couse lost. ER SIGNIFICANT COPERATION WAS UNDERLYING NG CAUSE OF DEA	DUE TO, O (c) ONDITIONS CI 19b. COND 19b. COND 11b. TIME C HOUR A	ONTRIBUTING TO	DEATH BUT		200 AUTOP	SY? 20b.	IF YES, WERE FINE ERTIFYING CAUS YES []	DINGS USED ES OF DEATH?
MEDICAL CERTIFICATION	gove rise couse (o), underlying PART 2 OTHI 19a. DATE OF (a) 21a. ACCIDENT	to immediate stating the couse lost. ER SIGNIFICANT COPERATION WAS UNDERLYING	(b) DUE TO, O (c) (c) ONDITIONS C: 19b. COND 19b. COND 11b. TIME C TH HOUR A P 21e. PLACE	ONTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19	N WAS PERFORMED	200 AUTOP	SY? 20b.	IF YES, WERE FINE ERTIFYING CAUS YES []	DINGS USED ES OF DEATH?
	gove rise couse (o), underlying PART 2 OTHI 19a. DATE OF 1 21a. ACCIDENT OR CONTRIBUTION (IF EITHER NO) 21d. INJURY CONTRIBUTION AT WORK 22a.1 certify sow the	to immediate stating the couse lost. ER SIGNIFICANT COPERATION WAS UNDERLYING DOWNER CAUSE OF DEA	DUE TO, O (c) ONDITIONS CI 19b. COND 19b	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. The deceased from.	DEATH BUT H OPERATIO DAY YEAR 19 FARM. ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCI	200 AUTOF YES URRED (ENTER NATU	SY? 20b. NO THE OF INJURY IN ITE	IF YES, WERE FINI ERTIFYING CAUS YES MIS PART I OR PART 2 COUNTY 19 d hour and from t	DINGS USED ES OF DEATH? NO STATE -, that (I) (we) lost he couses stated
	gove rise couse (o), underlying PART 2 OTHI 19a. DATE OF 1 21a. ACCIDENT OR CONTRIBUTION (IF EITHER NO) 21d. INJURY CONTRIBUTION AT WORK 22a.1 certify sow the	to immediate stating the couse lost. ER SIGNIFICANT COPERATION WAS UNDERLYING NO CAUSE OF DEATHER MEDICAL EXAMINER OF WHILE NOT WHILE	DUE TO, O (c) ONDITIONS CI 19b. COND 19b	ONTRIBUTING TO ONTRIBUTING TO OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. The deceased from.	DEATH BUT H OPERATIO DAY YEAR 19 FARM ETC)	21t. LOCATION STREET d that in (my) (aur) opinio DEGREE ATTENDING PHYSICIAN	200 AUTOP YES JRRED (ENTERNATU . 10 on death accurred	SY? 20b. NO THE OF INJURY IN ITE	IF YES, WERE FINE CERTIFYING CAUS YES COUNTY 19 d hour and from t	DINGS USED ES OF DEATH? NO STATE , that (I) (we) lost
	gove rise cause (0), underlying PART 2 OTHI 19a. DATE OF 1 21a. ACCIDENT OR CONTRIBUTION (IF EITHER NO) 21a. IN JURY C WHILE AT WORK 22a. I certify saw the obove, (I 22b. SIGNATU	to immediate stating the couse lost. ER SIGNIFICANT COPERATION WAS UNDERLYING NO CAUSE OF DEATHER MEDICAL EXAMINER OF WHILE NOT WHILE	DUE TO, O ONDITIONS CI 19b. COND 19b. CON	ONTRIBUTING TO OF INJURY MEET, FACTORY, OFFICE. The deceased from the deceased fro	DEATH BUT H OPERATIO DAY YEAR 19 FARM ETC)	21c. HOW INJURY OCCI 21f. LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING	Z00 AUTOF YES JRRED (ENTER NATU	NO IN C NO	IF YES, WERE FINI ERTIFYING CAUS YES M 18. PART I OR PART 2 COUNTY 19 d hour and from to 24	STATE ., that (I) (we) lost the couses stated TE SIGNED

Minnesons U.S.A. MR

Columbia Lorien Norsing Home Cedar Lace

Lot one of the Sear Relson Late Celtes

Aug 22 3276 A Mrs John Fors All Peakview Dr Castle Rock

No Aug 22 3276 A Mrs John Fors All Peakview Dr Castle Rock

)

death. Page 4 may be

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

1 - STATE REGISTRAR

DEPARTMENT OF HEALTH AN CERTIFICATE OF THE CERTIF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE) CERTIFICATE OF DEATH

4912

	REGISTRAR		CERTIT	ICATE OF PEATIF	REG. NO.	
	CEASED NAME FIRST OR PRINT)	MIDDLE		AST	20. DATE OF DEATH MONTH	1 07
	Lieuis		Ous	borne	02	TO P M
3 SE		4. RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
2	Male	Cauchsinn	11	22 1893		RS
	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OR COU	JNTY OF DEATH
fi C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME C	Transit Transi	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Ce	lumbia, Md.	HOWARD COLLY		en. Hosp.	Freight Condu	INGLIFE) INDUSTRY
	AL RESIDENCE (IF NURSING HOME OF		WN. UIlle	13d INSIDE CITY LIMITS?	130. STREET ADDRESS.	rafield Aley
M. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	0
	John	OUSborne	2	Elimber	1 1)	HARR
		MED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS	1
	No -	717 07	8244	EHA OUSDO	the Sykesvi	
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line for (a), (b), o	and (c)	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (a) Vantrice	clar +	-ilyillalion		Minutes
	4100	DUE TO, OR AS A CONSEC)	
	Canditions, if any, which	(b) Acute	mycco	ardial into	urction	days
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	August .		No.	
1	DART 2 OTHER SIGNISICANT	(c) Arterios				ease Years
Z	PART 2 OTHER SIGNIFICANT	COMPINONS CONTRIBOTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	OIVER IN PART ITO
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED
TIFIC					YES NO NO	ERTIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	M :8 PART I OR PART ?}
CAL	OR CONTRIBUTING CAUSE OF DE	AIR .	19			
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	, FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
-	AT WORK AT WORK					
	220 I certify that (1) (the hosp- sow the deceased alive on	wal) attended the deceased from	- 1	. 19 8		19.54, that (I) (we) lost
	obuve, VI (and (ald) (and a	of view the bady after death.			death occurred an the date and	d hour and fram the couses stated
	22b. SIGNATURE		10	DEGREE	MEDICAL STAFF	220. DATE SIGNED
	22d PHYSICIAN'S NAME (TYPE O		101.	PHYSICIAN [DIRECTOR PHYSICIAN	
	B.H. Minche			Ellic	of City, 1	Pike Uaryland 21043
23a	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY M & STATE
24 FI	JNERAL DIRECTOR	11	BULANI	I MINIMAL ISO DAT	TE REC'D. BY REGISTRAR 2514E	EGISTRAR'S SIGNATURE
X	bring W. Haraki	ALLELO IM TADDRESS	mi	2/	28/84 00	hi Davelso-Breke
-	- I sugiou	- Augustus	1. 1.	101	1	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

ary injury, or other troumatic event,

MPORTANT: If Item 21 is marked at Item III and

Country of the moved in ... Our Hosp transit Leading Madried Mil Careed Sylveride & 7252 Springliche Med THOUSE SHOULD THE STREET TO LOCALITY AND Sester to thank throng some start at

ATTENDING PHYSICIAN. The law requires that the death certificate be

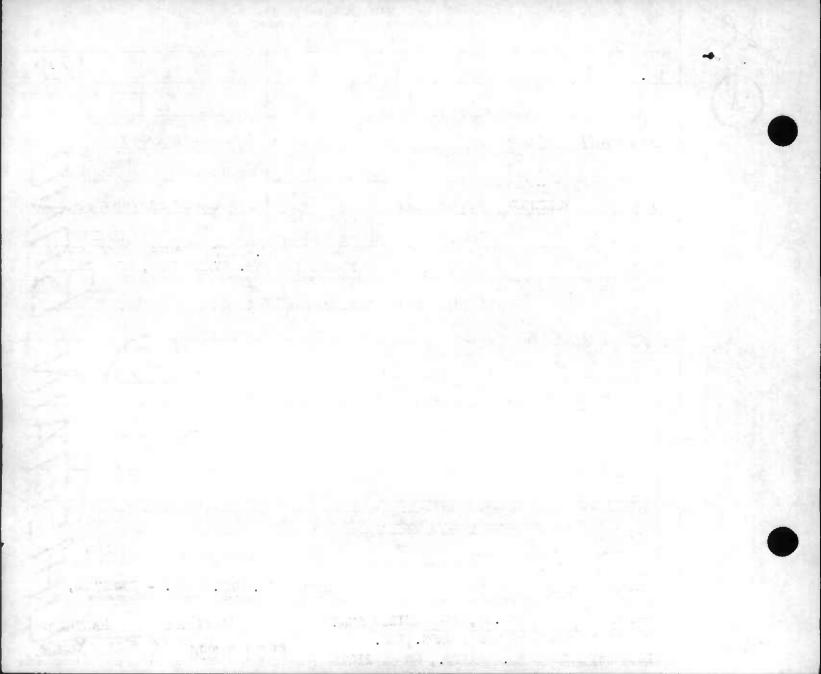
TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician articles of the property of the physician or attending physician articles.

BP DHMH - 16 50M 7/77 (VR A 15 (4))

	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 4 9 7	Š
	DECEASED NAME (TYPE OR PRINT)	uth G. Wils		20 DATE OF DEATH MONT	3 /84 YEAR 26 HOUR 407
	Female Female	Caucasin	5. DATE OF BIRTH MONTH DAY YEAR 3 7 96	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
22	a. BIRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR CO	MAN) COUNTY N
0	CLARKS VILLE	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS C
33	JSUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c CITY OR TOV	RE ADMISSION)	13e. STREET ADDRESS	2102 1645ON DAM R
BO	J. FATHER'S NAME John	MIDDLE Wilso		Unkown	LAST
/ medico	160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	urity no. 17 Informant 2-218-Don G. Pet		4025 Brighton d,Clarkville
ony injury, or oth	Z C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	[200 AUTOPSY? [20b.	IF YES, WERE FINDINGS USED
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			YES NO NO	CERTIFYING CAUSES OF DEATH? YES NO NO
9	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
irked or	CAUSE OF C	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is m	27a. 1 certify that (1) his hasp saw the veceosestalive ar abo	attal) attended the deceased fram, a 2/0 19	10 19 82 Sty , and that in (my) our) apinian		3, 19 24, that (i) (we) land have and from the causes stated
NT. If Bec	27b. SIGNATURE	He		MEDICAL STAFF DIRECTOR PHYSICIAN	2/13/84
MPORTA	Everya 1	JACKSON MOS	220. ADDRESS 5340 TEN		exsuit, mo
	230. BURIAL, CREMATION, REMOVAL Burial	0 1 - 01	NAME OF CEMETERY OR CREMATORY OCK Creek Cem.	Vashingto	
7	24. FUNERAL DIRECTOR NAME Mac Nabb Funer	al Home Cato	ngville Md FE		a Davidson-Randala

						E OF MARYLAND			
0	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF I	IEALTH AND MENTAL HYG ICATE OF DEATH	IENE () A PREG. NO	74	
1.4-		CEASED NAME FIRS	T	MIDDLE		AST	20. DATE OF DEATH	AONTH DAY YEAR	26 HOUR
4	_	R. HEI	turn		PC	Last		2-14-84	420 M
1	3. SE		4 RACE		5. DATE		6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
1		MALE	Cul	(asian)	MONT	13 /O	73	YRS.	HOURS MIN.
e	7a BI	RTHPLACE (STATE OF FOREIGH	76 CITIZEN O	F WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
ot on	(JERMANY !	U.S.		WIDOW		HOWARD (COUNTY	MD.
10/1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		F BUSINESS OR
816	2	dumbia	1400	han	Mar.	stv	PSYCHIATRIS	T MEDIO	CAL
PI	USU/ 13a. S	L RESIDENCE (IF NURSING	CARROLL	N GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
7		Md IX	XXXXXXX	SYKESUIL		YES THE NO	7200-320 ST	COTTAGE 6	6 2178
1/2/1	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	LAC	T
A C		KARL		PRAGER		CLARA		LEVIN	
d dico	160 V	AS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO.		S. EDITHAPRA		
E		es, no or unknown) (IF Y		082164	413	7200 THIRD	AVE. SYKESVI		1784
T. C.		18 CAUSE OF DEATH (Ent. PART). DEATH WAS C.	ter only one couse pr	er line for (a), (b), an	d (C)	. 1.	1	APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
event,			DIATE CAUSE (0)_	Cerebro	VOISOL	for accide	M		
natic		4360		OR AS A CONSEQUE	ENCE OF				
raur	d	Conditions, if any, while gove rise to immedia	th (b)_						
ther		couse (a), stating the underlying couse last	DUE TO	OR AS A CONSEQUE	ENCE OF				
or oth			(c)						
ljury, o	Z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110	, ,
or /	ATIC	19g. DATE OF OPERATION	116) 1360 A	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN	GS LISED
1/	IFIC						YES NO NO	IN CERTIFYING CAUSES	OF DEATH?
97	CERTIFICATION	210 ACCIDENT WAS UNDERLYIN		OF INJURY		21c. HOW INJURY OCCURE			140
19		OR CONTRIBUTING CAUSE	OI OLAIII	A.M. MONTH D. P.M.	AY YEAR				
ked or llem	MEDICAL	21d. INJURY OCCURRED	21e PLACI	E OF INJURY		21f. LOCATION	CITY OR TOW	N COUNTY	STATE
marked	×	WHILE NOT WHILE AT WORK] [AT HOME S	TREET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TOW	N COUNTY	STAIL
		220.1 certify that (I) (this	hospital) attended	the deceased from_		, 19			that (I) (we) last
21 is		sow the deceased of obove, (1) (we) (did) (did)	ve on_	ly ofter death	, o	nd that in (my) (our) apinion (death occurred on the dat	e and hour and from the o	couses stated
#e #		226. SIGNATURE	X a/	y oner deam.		DEGREE		22c. DATE	SIGNED
		Som !	XXX	W		ATTENDING PHYSICIAN	MEDICAL STAFF		54
ZY T		224 PHYSICIAN'S NAME	TYPE OR PRINT)	1.15		22e. ADDRESS			
IMPORTANT: #		Byron De	Lemos,	M		HOWARD C	O. GEN. HOSI	P COLUMBI	A, MD
≥ /	23a E	URIAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	
_		BURIAL		16,1984	HIZUK	AMUNO	BALTIMOR		YI.AND
/80	24_FU	NERAL DIRECTOR SC	L LEVINSO	N & BROS.	,INC.	25a. ĐATA	E-REC'D. BY REGISTRAR 2	Sh. RECISTRAP'S SIGNAT	IRE
	_60	10 REISTERST			-	21215 FE	B 1 7 1984	Julia Davidson-1	gandelle.
	-							A	

6010 REISTERSTOWN RD. BALTO, MD



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR			CERTI	TEATE OF DEATH	REG	NO.	4	
1. DECEASED NAME	FIR51	MIDDLE		LAST	20 DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
(TYPE OR PRINT)	JOHN	FRE	D	RAU	Februar	y 20	, 1984	9:45A M
3. SEX	4. RAC	E		OF BIRTH	6. AGE (IN YEARS LAS	J BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Male		White	Ju.	ly 9, 1899 FAR	84	YRS	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE	OR FOREIGN 76. CIT	IZEN OF WHAT CO	UNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
Maryland		U.S.A.	WIDOW		Howar	d Coun	ty	MD.
O. CITY OR TOWN OF	EATH 11. N	AME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUP			OF BUSINESS OR
Columbia		not in such facility, G			Draftsma		Rail	bsor
USUAL RESIDENCE (# N	URSING TOME OF OTHER IN	STITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)					
Maryland	Baltimo		consville	13d INSIDE CITY LIMITS?	6122 Co			21228
M. FATHER'S NAME				15. MOTHER'S MAIDEN NA				
John	MIDDIE	-	last Rau	Amanda	MIDDL	Ė	Po	tter
160 WAS DECEASED EV			IAL SECURITY NO.	17. INFORMANT	AD	DRESS		
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR O	R DATES)	-05-9801	Charlotte	R. Blum	Same	as # 13	
	ATH (Enter only one						APPROX	MATE INTERVAL ONSET AND DEATH
PART I. DEATH	I WAS CAUSED BY:	CAV	2 111 -	DESN FAI	LUKE		BEIWEEN	HEL
111-	IMMEDIATE CAU	SE (0)	1000	12-11/11/11	0031		1-	-1110
7/00	DI	UE TO, OR AS 4	NSEQUENCE OF	FAILUR	E		14	1. MINITE
Conditions, if o		(b)	=17/14	PHILUN	12		7-	الدري ردري
couse (o), sto	oting the DI	JE TO, OR AS A CO	SEQUENCE OF	n			D	VEHD ?
underlying coi	use lost	(c)	ISUV	0			Q	11110
			ING TO DEATH BUT	T NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION G	IVEN IN PART 1	0.
ō L	CORK	DN ARY	DIS	EASE -	POSIT	MI	_	
S 19a DATE OF OPE	RATION 19	b. CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20e AUTOPSY?		ES, WERE FIND I	
190. DATE OF OPEN 190. DATE OF OPEN 210. ACCIDENT WAS OR CONTRIBUTING [[If Either, NOTIFY M 210. INJURY OCCID	De 19				YES NO		ES [NO 🗍
210. ACCIDENT WAS	tud (b. TIME OF INJURY	ITH DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)	
OR CONTRIBUTING	LAUSE OF DEATH	OUR A.M. MON	NTH DAY YEAR					
21d. INJURY OCCI		e. PLACE OF INJUR		211. LOCATION				
MULTE MOI	WHILE	THOME STREET, FACTOR	Y, OFFICE, FARM, ETC }	STREET	CITY O	RIOWN	COUNIA	STATE
	WORK		16	218 1067	7 - 21	20	10 24	that (I) (we) last
sow the dece	(I) (this hospital) at	17 .	10813	and that in (my) (our) opinion	death accurred on th	e date and ha	our and lyom the	
obove, (1) (we 22b. SIGNATURE) (did) (did not) view	the body after deat	h.	DEGREE				SIGNED
120. SIGNATURE	00	212-00		ATTENDING	MEDICAL S	TAFF	7	3/1010
10	uf 11	july 14	v.	PHYSICIAN [DIRECTOR PHY	SKIAN	1/	4/54
22d. PHYSICIAN'S		- /		22e. ADDRESS				/ /
Paul Z	iegler M	1.D.		2902 Ches	tnut Hill	Drive,	Ellicot	t City, Mo
230. BURIAL, CREMATIO	N, REMOVAL 236.	DATE		CEMETERY OR CREMATORY	23d LOCATION		COUNTY	(), 177
Burial		2/22/84	Lorrai	ne Park Cemet	ery "Wood	lawn	COUNTY	Mar.

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the bural-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If hem 21 is morked or

FOR - STATE

poge 3

2/22/84

Lorraine Park Cemetery

ฟิจ็อัซไลพก

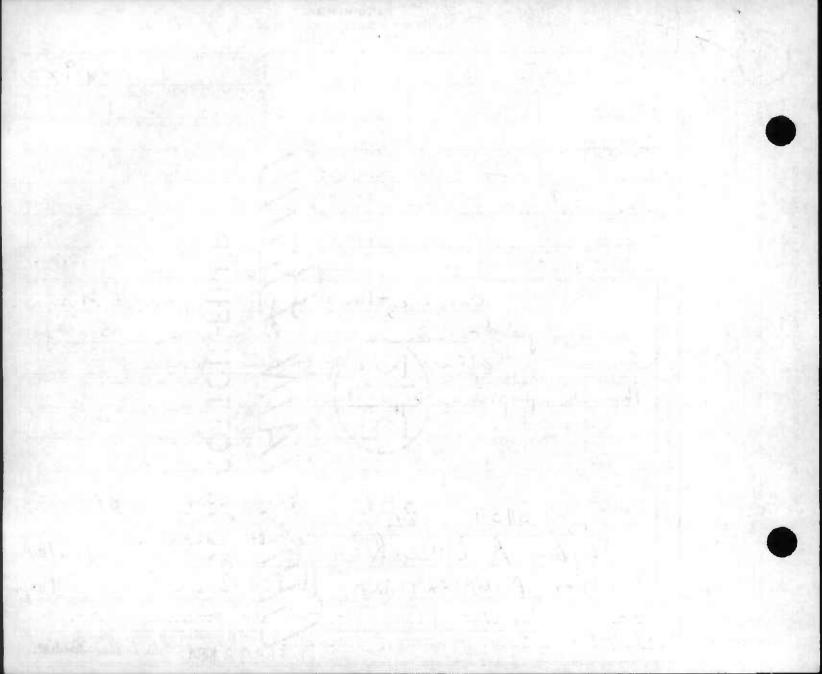
FEB 2 1 1984 24. FUNERAL DIRECTOR
LeroymeM. & Russell C. Witzken-Funeral Homes P.A.
1630 Edmondson Avenue, Catonsville, Md. 21228

again by R year and any and and CETR DIO - RE-REHBL FAI 13c10 CORRONARY BISEASE -+

STATE OF MARYLAND

T	FOR STATE REGISTRAR		DEPARTME	NT OF H	EALTH AND MENTAL HYG				
1			WIDDLE			REG. NO.			
	ECEASED NAME FIRST	na	MIDDLE	Rec	edy	20 DATE OF DEATH MONTH	04-84 7:3	O PM	
1.58	X	4 RACE	1	DATE O	F BIRTH	& AGE IN YEARS LAST BIRTHDAY)	IF UNDER ! YEAR IF UNDE	R 24 HR5	
	Formala	1.16.4		MONTH	DAY YEAR		MONTHS DAYS HOURS	MIN	
20.1	I CANALE	1/1/1/1	WHAT COUNTRY? 8	2	03	80 YRS	VOEDEATH		
3	STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY!	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TOFDEATH		
1	Virginia	US.	A	WIDOWE	D DIVORCED	Howard		MD.	
A10.0	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSIN	ESS OR	
	DAL RESIDENCE (IF NURSING POME OF	Howar	d County	Hos	pital	Housewife	(FE) INDUSTRY		
13a	STATE 131 COU	VIY	136 CITY OR TOWN	MISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	060	GA	
1	W.Va. Ral	eigh	Beckley		YES NO	303 E.Prince	St 977	49	
	ATHER'S NAME				15. MOTHER'S MAIDEN NAM	AE		-	
1 ,	Part The Part	MIDDLE	LAST		FIRST	MIDDLE	LAST		
_	Preston Was deceased ever in u.s. ar	CORONIC CONTRACT	Ray	TV NO	Florence		Ray		
		E WAR OR DATES	166 SOCIAL SECURI		17. INFORMANT 803	Whittington 1	Terr.S.S.N	Id.	
	None		234 46	0598	Margaret V	Nort (Daughter)			
	8. CAUSE OF DEATH (Enter or	nly ane cause per					APPROXIMATE INTO	D DEATH	
	PART I. DEATH WAS CAUSE	D BY:	Cardia	- marine	loured by 1	Williamory arr			
	42117 MMEDIA	TE CAUSE (a)	2)	0			1700	
	DUE TO DESAS A CONSEQUENCE OF								
	Canditians, if any, which	16000 PJ	cerebr	020	iscular Tr	40m 20 212	9 0	1	
	gave rise to immediate cause (a), stating the	W DUE TO O	R AS A CONSEQUEN	CE-OF	1.	0	S LOST TO S	V	
10	underlying cause last.	1 a	Lacros	معلا	otic vers	esseed role	1		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART 1(a)		
Z	Them Lac	1 .0	ria, he	. A C A	Lenvio-				
귀를	90. DATE OF OPERATION	-	TION FOR WHICH O	ERATION	I WAS DEDECTORATED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USE		
1 2	170. DATE OF OFERATION	THE CONDI	THOM TOR WITHER OF	JUNATIO	WASFERFORMED		FYING CAUSES OF DEA		
CERTIFICATION					1 1 7 3		ES NO		
8	210. ACCIDENT WAS UNDERLYING	110110 4		VEAD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2}		
1 3	OR CONTRIBUTING CAUSE OF DE	AIR		10	L. L. Saul				
MEDICAL	21d INJURY OCCURRED	21e PLACE			211 LOCATION				
1 2	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY OFFICE, FAR	M, ETC)	STREET	CITY OF TOWN	COUNTY	STATE	
	AT WORK AT WORK			12	24	2/24	W.V		
	22a I certify that (I) (this hasp			12	19_0/	to	19, that (1)		
	saw the deceased alive an abave, () (we)(did) (did no	t) view the hady	atter death	7, an	d that in (my) (aur) apinian o	death occurred on the date and has	ur and from the causes s	tated	
1	22b. SIGNATURE 1	Λ	1/0	110	EGREE CANSU	The Caldiolog	220 DATE SIGNED	21	
.1	MANIE	_ X	(Java)	AA	ATTENDING	MEDICAL STAFF	2/24	184	
-	22d. PHYSICIAN'S NAME (TYPE C	100	00000	0011	PHYSICIAN [DIRECTOR PHYSICIAN	- (-	1	
	STEPHEN	A.L	MENT	111	D House	ed Carnty G	eneral	Hospital	
	BURIAL, CREMATION, REMOVAL		23c. NA	ME OF CI	METERY OR CREMATORY	23d. LOCATION		-+	
1	Burial	2/28/	84 B1	ue I	Ridge Mauso	leum Prostert	y courw.Va.	STATE	
1	UNERAL DIRECTOR Hines/Rinaldi	. 11800	NewborHam	p.Av	re.S.S.Md	REC'D. BY REGISTRAR 25b. REGIS	Davidson-Rand	.00	
					The second secon	B 2 8 1984 Gina	man and and and	-cus	

DHMH-16 30M 2/80 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST Reichenbach 20 DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) MILDREd Reicher 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1900 9 BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL PURSING HOME OR OTHER INSTITUTION 12b. KIND OF INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Ad. INSIDE CITY-LIMITS? 13e. STREET ADDRESS uten 4. FATHER'S NAME MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) · Reichen Broh Je Ellicott NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 to bu CATION 30s AUTOPSYT 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? NO YES [NO tronsit p 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR s the buriol-tro OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P M morked on It 21d INJURY OCCURRED 21e. PLACE OF INJURY 21 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on obove, (I) (we) (did) (dal not) view the body after weath not in (liny) (our) opinion death accurred on the date and hour and from the couses stated be detoched the Stote Dept. c 22b. SIGNATURE DEGREE 22c. DATE SIGNED + TENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e ADDRE should be

23c NAME OF

Deciuritu

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

23a. BURIAL, CREMAT

24 FUNERAL DIRECTOR

LAND BELLIAM HE LAND OF THE LAND OF THE STREET the section of the se many of the same black about a lagrand were areal domain for the annual and a Personal Managers of Personal States

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 124 to

retained by the hospital or attending physician.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

- 11	FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MENTAL H	0 4 1	7 9
	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 H
	Sct	MeiDen	ANNA E.E.	2/27/84	
3. SI	EX T	RACE	5. DATE OF BIRTH	6. AGE (INYEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOL
70 E	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	UNTRY? 8 MARRIED - NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL.	WIDOWED DIVORCED [12a USUAL OCCUPATION	CO .
/	COLUMBIA	(IF NOT IN SUCH FACILITY, GI	M COUNTY HOSP	TYPE OF WORK FOR MOST OF WORKING	IFE) INDUSTRY
5 130.	UAL RESIDENCE (IF NURSING HOME STATE 13b. COL	UNITY 13c CITY C		130 STREET ADDRESS	21. 21.
2 / 14 F	FATHER'S NAME	AUGUSTAN SIN	15. MOTHER'S MAIDENN	NAME	di Menni
	WM	M. SCHN	EIDER MARIE	MIDDLE	ORNDEI
	(YES, NOTE INKNOWN) (IF YES, C	ARMED FORCES? 166 SOCI	AL SECURITY NO. 17. INFORMANT	ADDRESS	2 4-0-4
	18 CAUSE OF DEATH (Enter	418-	32-48331119RL 3CH	WEIDER SAME	APPROXIMATE BETWEEN ONSET
	5/40 Conditions, if any, which gove rise to immediate) (0)	Lyonam Wena		/
ATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COI	NSEQUENCE OF		
TIFICATION	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A COI	LM CHAM EDEM A	200 AUTOPSY? 20b. IF YI	VEN IN PART 1(a) S, WERE FINDINGS U IFYING CAUSES OF D ES
CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A COLOR (C) 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON	NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TEL WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YI	ES, WERE FINDINGS L IFYING CAUSES OF D ESNO
111	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTION FOR 216 TIME OF INJURY HOUR A.M. MON P.M. 216 PLACE OF INJURY	NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TEI WHICH OPERATION WAS PERFORMED TH DAY YEAR 21: LOCATION	200 AUTOPSY? 20b. IF YIN CERT YES NO	ES, WERE FINDINGS L IFYING CAUSES OF D ES NO PART (OR PART 2)
MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEREN, NOTIFY MEDICAL EXAMIN	DUE TO, OR AS A COL (c) T CONDITIONS CONTRIBUTION 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON P.M.	NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TEI WHICH OPERATION WAS PERFORMED TH DAY YEAR 21: LOCATION	200 AUTOPSY? 20b. IF YIN CERT	ES, WERE FINDINGS (IFYING CAUSES OF D ES
111	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF CIFE EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this has sow the deceased alive or	DUE TO, OR AS A COL (c) T CONDITIONS CONTRIBUTION 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY IAT HOME STREET, FACTORY	NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TEL WHICH OPERATION WAS PERFORMED TH DAY YEAR 211: LOCATION STREET 19 19 10 10 11 11 11 11 11 11	200 AUTOPSY? 20b. IF YIN CERT YES NO	S, WERE FINDINGS LIFYING CAUSES OF D ES NO PART I OR PART 2) COUNTY 19 1, that (
111	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF CIFE EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this has sow the deceased alive or	DUE TO, OR AS A COL (c) TONDITIONS CONTRIBUTION 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY)	NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TEL WHICH OPERATION WAS PERFORMED TH DAY YEAR 211: LOCATION STREET 19 19 10 10 11 11 11 11 11 11	JRRED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN And death occurred on the date and ha	S, WERE FINDINGS (IFYING CAUSES OF DES NO
111	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE GOVE (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED 220.1 certify that (1) (this has sow the deceosed alive cobove, (1) (well (jd.)) did yield obove.	DUE TO, OR AS A COL (c) T CONDITIONS CONTRIBUTION 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY LAT HOME STREET, FACTORY pital) oftended the deceased and view the body after death	NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TEL WHICH OPERATION WAS PERFORMED TH DAY YEAR 19 211. LOCATION STREET 19 DEGREE ATTENDING	200 AUTOPSY? 20b. IF YIN CERT YES NO TOWN WED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN	S, WERE FINDINGS LIFYING CAUSES OF D ES NO PART I OR PART 2) COUNTY 19 1, that (
MEDICAL	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF CONTRIBUTING AUSE OF CONTRIBUTING AUSE OF CONTRIBUTION AUTORITY MEDICAL AMINE AT WORK 21d. INJURY OCCURRED WHILE AUTOR 22a.1 certify that (1) (this has sow the deceased alive above, (1), (we) (stid) third 12b. SIGNATURE	DUE TO, OR AS A CONTRIBUTE TONDITIONS CONTRIBUTE 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY) 196 CONTRIBUTED OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY) 197 (AT HOME STREET, FACTORY) 198 OF PRINT) 198 OF PRINT)	NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TEL WHICH OPERATION WAS PERFORMED TH DAY YEAR OFFICE ARM, ETC.) Thomas and thou in (my) (our) opinion of the property of	200 AUTOPSY? YES NO D. IN CERT YES NO D. YOUR NOTE OF INJURY IN ITEM 18 CITY OR TOWN AND ADDRECT OR PHYSICIAN D. PLT NAT RIKE	S, WERE FINDINGS (IFYING CAUSES OF D ES NC PARTI OR PART 2) COUNTY COUNTY 19 9 9 , that (ur and from the cause 22c. DATE SIGN 2/28

THE PROPERTY OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY. APP STATE OF THE WAR OF THE WAR OF THE PARTY OF THE PARTY. FOR

STATE OF MARYLAND

DED ADTMENT OF BEALTH AND MENTAL HYCIENE

	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	T. DECEASED NAME (TYPE OR PRINT) AND TO	S G-11		AY YEAR 26 HOUR
1	FIG (4) 14	SOHERZI		14 84 JUNE 14 UNDER 24 HRS
	3. SEX	5. DATE OF BIRTH MONTH DAY YEAR		ONTHS DAYS HOURS MIN.
1	Temate . W	1 8 76	88 YRS.	
1	70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
	ITALY U.S.A.	WIDOWED DIVORCED	Howard Co	unter MD.
1	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSH (IF NOT IN SUCH FACILITY, GIVE STREET)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
۵	JULIAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	established	HOMEMAKER	111
2	MONTGOMERY SILVER S	VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 9706 BELVEDERE	PLACE 20910
	JOSEPH SGHER	FIRST	MIDDLE	CARISDEO
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECTION (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	URITY NO. 17. INFORMANT	ADDRESS	
1	NO 143-14-	3059 HELEN BUON	10MO SAME AS 1	3 DAUGHTER
1	18. CAUSE OF DEATH (Enter only one cause per fine for (o), (b), or	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Card Card	io respirator	1 assest	
	5 325 DUE TO, OR AS A GONSEQU	IENCE OF		
	Canditions, if any, which ((b)	ic Shock		
	gove rise to immediate cause (a), stating the DUETO, \$\text{ON}\$ AS A CONSEQU	IENICE OF A	0 . 4 4	
	underlying cause lost.	Ted shodend	al eller with p	exitorites '
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(a
	190 DATE OF DERATION 186 CONDITION FOR WHICH			
1	190 DATE OF OPERATION 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED
	1 2-23-84 responded	duodening uld	YES NOTH YES	ING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
		DAY YEAR		
	21d. INJURY OCCURRED 21e PLACE OF INJURY	21f. LOCATION		COUNTY
	WHILE NOT WHILE AT WORK AT WORK	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (I) (this hospital) attended the deceased from	Q-23- 19 8	4 10 2-24-	9 84, that (1) (we) last
	saw the deceased alive on	and that in (my) (aur) opinion	n death accurred an the date and hour	
	276, SIGNATURE, + Open of	DEGREE	,	220 DATE SIGNED
	Mirenau Degrap	MD. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2-24-84.
1	221. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS		
	Merchant Dogo V	MD. HC.C.	H	
	23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	BURIAL 2/29/84 H	OLY CROSS CEMETERS	N. ARLINGTON	BERGEN N. J.
	24 FUNERAL DIRECTOR FRANCIS J. COLLINS	25e. Q4		PARISISIGNATURE LERC
	500 UNIV. BLVD. W. SILVER SPRING	MD 20001	EB 29 1984 1000	and gen-him
	JUU MINIV. DLVV. W. SILVER SPRING	1 VIV. 4 LUYUI		

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the bunal-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remova

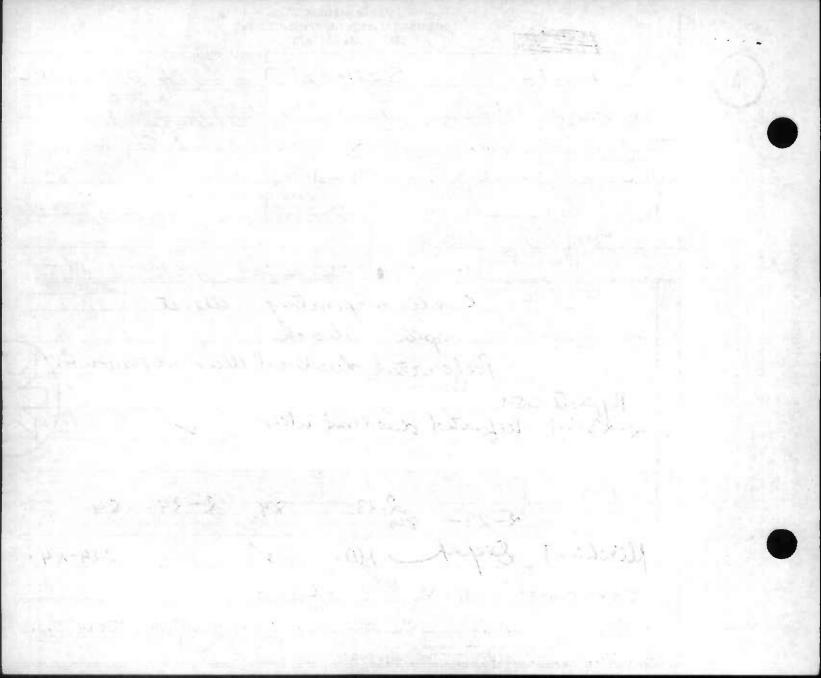
attending physicion.

retained by the haspital or

BP.

ws any injury, or other traumotic event,

IMPORTANT: If them 21 is morked or them, 18 sho



OF ATTENDING PHYSICIAN The in- requires that the death certificate be executed within 24 hours after death retained by the haspital or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral should be discovered for use as the busine transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 has been at trailly and Mental Hyperia prior to busin, or removal.

MBDETANT If them 21 is morked on them 18 than sony injury, or other troumotic event, the medical expen

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

All I		100	
	7	0	
	REG. NO.	-	

	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND M		GIENEO	A 9	8		
	(TYPE	CEASED NAME FOR PRINTS	WAlte	r L	DIVER	Sil	m pson		20 DATE O	F DEATH	MONTH 5	1984	26 HOUR 7:30 P.
,	3. SEX	MALE		BINC	K	5. DATE C	DAY	910	6 AGE IIN	YEARS LAST BIRT	YRS.	MONTHS DAYS	
		RTHPLACE (STATE	OR FOREIGN 7b.	U. S.	WHAT COUNTRY	? 8. MARRIEI WIDOWE		RRIED D		HOWA		TY OF DEATH	MD.
	1:	Dayton	DEATH 11		HOSPITAL, NURS		ROTHER INSTIT	UTION		OCCUPATION FOR MOST OF		LIFE) 126. KIND INDUSTRY	
1	USU A 13a. S	AL RESIDENCE (IF NOTATE MAL	136 COUNTY	ARA MERINSTITUTION	GIVE RESIDENCE BEFO		13d. INSIDE CIT YES []	LIMITS?	13e STREET	ADDRESS	Brei	DAJ3	lac Rd.
1		ATHER'S NAME	ter MID	Si	MPSON)	15. MOTHER'S A	MAIDEN NA	ME	KI		U	AST
		VAS DECEASED EV			578 20	7221	17 INFORMAN	<u> </u>	Simps	ADDRE	- <i>D</i>	Ayton,	Md.
	NOI	Conditions, if o gove rise to cause (o), ste	immediate ating the use last.	DUE TO, OF	r as a consequ	UENCE OF	NOT RELATED T	LU,	NG.	E OR CONE	DITION G		XMATE INTERVAL ONSET AND DEATH
7	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHIC	H OPERATION	WAS PERFOR	AED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA! YES NO LETTER NO LETT			NGS USED S OF DEATH?	
	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTION & (IF EITHER NOTIFY M 21d INJURY OCC	LANDE OF DEATH	P./ 21e. PLACE (m, month [m.	DAY YEAR	211 LOCATION		RED (ENTERNA	4.5	Y IN ITEM 18	PART I OR PART 2)	STATE
	×	220.1 certify that saw the dece abave, (1) (we	WORK /	attended the	e deceased fram	-DC1	d that in (my) (a	19 Stur) apinion	tadeoth occurre	2/7		1984	that (I) (we) last
		22b. SIGNATURE	unson	2		C	PH	ENDING YSICIAN	MEDICAL DIRECTOR	STAF		22c. DATE	SIGNED
		Wm 7	OWES	INT)			27e. ADDRESS	Hel	kong &	idge	RI	Columb	own me
	Z	CHILL CREMATIO		2-8-	84 2	NAME OF CE	METERY OR CR	MATORY		ATION OR JOWN	1,	J. COUNTY J	PATATE
- 1		INERAL DIRECTOR						ALMOS	ALCO BEA	THE PARTY		TRAR'S SIGNA	AC A COMPA

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

U. Marine Marine Comment of the Comm " Del Hound Doyler - 524) Breenbridge Ed Dalling Sarpery Unking May the death of the Alexander of party

MARYLAND 21201 DIVISION OF VITAL RECORDS, 201 W.

×	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYD CATE OF DEATH	SIENE O 4	L 7 8	2	
		ECEASED NAME FIRST	2+	MIDDLE	S A	· th	20. DATE OF DEATH	MONTH DAY	YEAR 26	1030 P
1	3. SE		4 RACE B	lack	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST		UNDER 1 YEAR IF	FUNDER 24 HRS HOURS MIN.
3		IRTHPLACE (STATE OR FOREIGN COUNTRY) VA. ITY OR TOWN OF DEATH Columbia		CH FACILITY, GIVE STREET AL	WIDOWED HOME OR	NEVER MARRIED DIVORCED DIVORDIVORDE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIV	9 BALTIMORE CITY 120. USUAL OCCUPA (TYPE OF WORK FOR MOS	JARD (12b. KIND OF B INDUSTRY	MI SUSINESS OR
35	13a. S	MD. Ho	E OR OTHER INSTITUTION DUNTY Ward	GIVE RESIDENCE BEFORE A 13c CITY OR TOWN Jessup	11	3d. INSIDE CITY LIMITS? YES NO		s ssion R	?d. 207	794
130	M. FA	ATHER'S NAME FIRST Eli	Smith	LAST	1.	Hattie	WIDDLE	Smi		
medica	(WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES)	ARMED FORCES? GIVE WAR OR DATES)	215-07-	^	Mattie Hen		Jessup,	Missi Md.20	
njury; or other traumotic e	z	Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICAT	(b) DUE 10, 0 (c)	R AS A CONSEQUEN	1 PM	OT RELATED TO THE TERM	MINAL DISEASE OR CO	ONDITION GIVEN	IN PART Ita	
ows only in	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH C	PERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES T	VERE FINDINGS	S USED DEATH?
ked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER MOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A	OF INJURY .M. MONTH DAY .M. OF INJURY REET, FACTORY, OFFICE, FAI	YEAR	21c HOW INJURY OCCUR 21L LOCATION STREET	RED (ENTER NATURE OF IN		1 OR PART 2)	STATE
MPORTANT: If them 21 is morked		220.1 certify that (1) (this he saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	on	15 19 8	,	that in (my) (our) opinion GREE ATTENDING PHYSICIAN [MEDICAL ST	AFF/		
MPORTAN		22d PHYSICIAN'S NAMÉ (TY	MiDEi	10000		6472 Du	chefts, T	BALT. N	10 21	227
	23a. E	BURIAL, CREMATION, REMOV	23b. DATE		edar	Hill	Brook T	yn AA	OUNTY	MD STATE

250. DATE REC'D. BY REGISTRAN IS HELD RAR'S SIGNATURE
FEB 8 1984

DHMH-16 30M 2/80 (VRA 15, 4) Chas. A. Rice FSPA 1300 Eutaw Pl.

ET TEXES . DE nomente CEST. LULIUS DANGE .V. ARREAS OF STREET and the company of the state of the company of the state Clear, ... Elect 1 der 1300 Entre Pl. - Elect Elle E 2 de 1505

61 3	1 - FOR STATE REGISTRAR
	Company of the Compan

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE) CERTIFICATE OF DEATH

				REG. N	0.	
I DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
FRANK	A.	TH	AVER		2 14 8	4 200 5
3. SEX	4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
M Male	0 A115	White 5	H DAY YEAR	59	MONTHS DA	YS HOURS MIN
	76 CITIZEN OF WHAT CO		3 29	5 7	YRS.	
COUNTRY)		MARRIE	DE NEVER MARRIED	A BALLIMORE CITA C	OR COUNTY OF DEATH	
Balto, Md	U.S.A.	WIDOW		Howard C	county	MD
IN CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b. KINI DE WORKING LIFE) INDUST	D OF BUSINESS OR
COUMBIA	HOWARD	COUN	TY GENERAL	Painter M	d. School	for deaf
UAL RESIDENCE (IF NURSING HOME OR						119111
MA	nu la	ORTOWN P	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ASHAVITA	RIV
A FATHER'S NAME	000 125	20001	15. MOTHER'S MAIDEN NAM		H3/4/N6/01	Ý BLV.
FWST	AIDDLE	LAST	FIRST	WIDDLE		LAST
	Thayer Sr.		late CAthe			
	WAR OR DATES!	IAL SECURITY NO.	17. INFORMANT	ADDRE		21227
Yes WW	11 218	18 7138	Mrs Frances	Thayer //34	wasnington	u BIAG.
18 CAUSE OF DEATH (Enter onl	v ane cause per line of in	The find in			1	ORMATE PUTERVAL EN OHSET AND DEATH
PART I. DEATH WAS CAUSED	BY:	ARDAL !	ANTEST		No. 1945	EN ORSET AND DEATH
IJIII MMEDIATI	E CAUSE (a	3335	1			
7190	DUE TO, OR AS A CO	NSEQUENCE OF	1			
Conditions, if any, which	(b)	- Or or Mu	produce !	JIScitie .	The second like	
gave rise to immediate cause (a), stating the					7 7	3 3 1
underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF				
	(0)					
PART 2. OTHER SIGNIFICANT C	Onditions <u>Contribut</u>	ING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING						
5 190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	DINGS USED
£				YES T NOT	IN CERTIFYING CAUS	NO
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR			
0.00.00.00.00.00.00.00.00.00.00.00.00.0	HOUR A.M. MON	TH DAY YEAR		25 (2.1.21.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	THE TOTAL TOTAL TOTAL TENT	.,
(IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.M.	19				
21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTOR)		211 LOCATION	C DITY OR TOW	N COUNTY	STATE
AT WORK NOT WHILE	Charles Inc.	1				STATE
220.1 certify that the haspite	al) attended the decease	d from ZIN	10.03	m 5/14	1083	, that (I) (we) last
saw the deceased alive and above, (I) (we) (did) hid and			nd that in (my) (aur) apinion d	eath occurred on the do	ate and hour and fiche t	
220 SIGNATURE	New the body after deat	h.			-	1
" South Ove	. \		DEGREE	MEDICAL STAF		TE SYGNED
Je frey 1 th	, ten		ATTENDING PHYSICIAN	MEDICAL STAF	IAMI Z	114184
22d RHYSICIAN'S NAME (TYNE OR			22e ADDRESS			
DEFFREN /	1. TERRIS					
230. BURIAL, CREMATION, REMOVAL	123b. DATE	1234 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
Burial				CITY OR TOWN	Howard Ma	TIL STATE
DOLLAL	Feb 17,1984	4 Crestla	awn		nowaru ma	Lyland

DHMH - 16 60M 7/73 (VR A 15 (4))

TO HOSPITAL

TO FUNERAL DIRECTOR. Hould be detected for us with the State Dept. of He

MPORTANT, IF he

Harry H Witzke 4112 Columbiand Ellicott City

56 REGISTRABIS SIGNATURE

Junia Davidson-Handelle

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Howard Constv

Painter Md. School for denf

late From L A Thayor Sr. late Catherine

218 15 7135 Mrs Frances Thever 7734 Mashington Livis.

Narry A Firste Alai Columbia(d Ellicetz Clry

bandwak banwi

dull married to

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funera should be detached for use as the burial-transit permit. Then please remove carban papers. Pagas 1 and 2 should be filled within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other troumotic event, the

	FOR	
-	STATE	

STATE OF MARYLAND

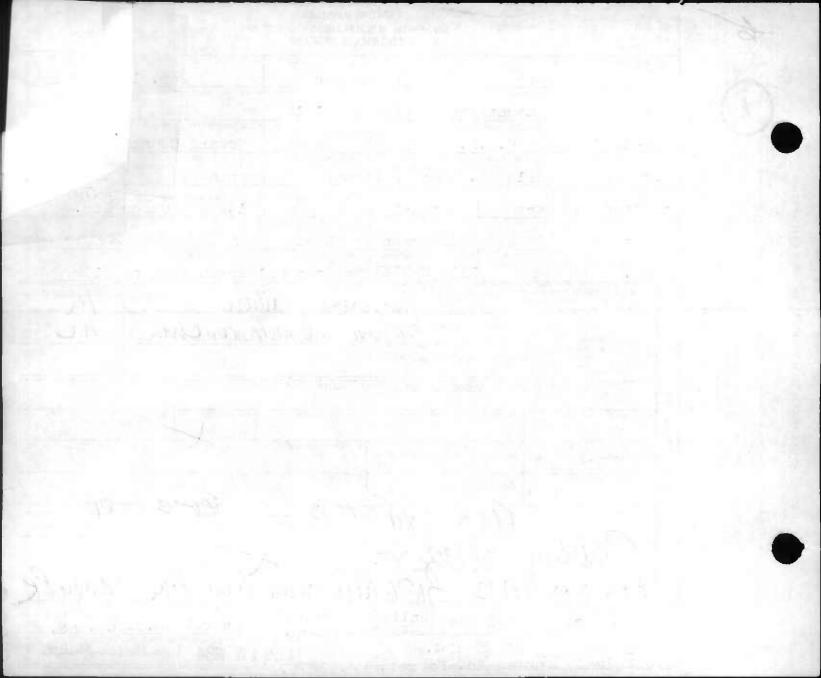
DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE BREG. NO.	4	
LAST	20. DATE OF DEATH MONTH	DAY	YEAR TIME
Willringon	Foh	16	1001

	REGISTRAR		CERTITI	ICATE OF DEATH	REG. NO.	1		
11156	CEASED NAME FIRST	WIDDLE	L/	AST	20. DATE OF DEATH MONTH	DAY YEAR TIME		
	Antho	ony	Will	kinson	Feb. 16 198#			
3. SEX	(4. RACE	5. DATE O			EUNDER LYEAR IF UN		
M	Male	Caucasian	May		65 YRS.	DATS		
7a. BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH		
F	England	U.S.A.	WIDOWE	D DIVORCED	Howard Count	y Md. ME		
10 CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR		
No.	Laurel	9140 G. B	ourbon S	treet	Manager	Auto		
13e. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU	NTY 13c. CITY		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 9140 G Bourbo	20707 on Str.		
14 FA	THER'S NAME FIRST James	MIDDLE Wil	1kinson	Annie		UNK LAST		
	VAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	SON STEEDY		
	No.	213-38-3745 Barbara Wilkinson Sa				APPROXIMATE INTERVAL BETWEET ONSET AND DEATH		
	Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying cause lost.	DUE TO, OR AS A CO	ONSEQUENCE OF V	ni adeno	aranoma	m		
CERTIFICATION	PART 2 OTHER SIGNIFICANT		R WHICH OPERATION		200 AUTOPSY? 200 IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NO NO NO			
E						NO		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO	NTH DAY YEAR		ED (ENTER NATURE OF NJURY IN ITEM 18 P)			
CAL	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO	NTH DAY YEAR 19	21f. HOW INJURY OCCURR 21f LOCATION STREET	ED (ENTER NATURE OF NJURY IN ITEM 18 P)			
MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hosp sow the deceosed alive or above. (1) (we) (did) (did not)	ATH HOUR A.M. MO P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR ONTO)	NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.) ed from	21f LOCATION STREET 19 d that in (my) (our) opinion of		COUNTY STATE 19 , that (1) (we) lose and from the causes stated		
MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK ALL WORK SOW the decessed blive or	ATH HOUR A.M. MO P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR ONTO)	NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.) ed from	21f LOCATION STREET 21f LOCATION STREET 3 19 Id that in (my) (our) opinion of the control of the control opinion o	city OR TOWN	COUNTY STATE		
MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE ALL WORK ALL WORK ALL WORK ALL WORK Sow the deceosed olive or obove (1) (we) (did) (did not 22b. SOM ALL WORK 22d. PHYSICIAN'S NAME TYPE OF	ATH HOUR A.M. MO P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR 21) view the body offer depose ORPRIGHT	PY PY PARM 19 RY RY, OFFICE, FARM, ETC) ed from Sth. 19 A 76	21f LOCATION STREET 21f LOCATION STREET 319 Ind that in (my) (our) opinion of the control opinion opinion of the control opinion	city OR TOWN LAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE 19		
WEDICAL STATE OF THE STATE OF T	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hosp sow the deceosed alive or above. (1) (we) (did) (did not)	ATH HOUR A.M. MO P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR 21) view the body offer deo OR PRIGIT 23b. DATE	ed from Sth. 19 Sth. 1	21f LOCATION STREET 21f LOCATION STREET 319 Ind that in (my) (our) opinion of the control opinion opinion of the control opinion	city or town . to Bull B death occurred on the date and hour occal STAFF DIRECTOR PHYSICIAN D WHITE CONTINUE City or town Laurel , P.G	COUNTY STATE 19 14, that (I) (we) los and from the causes stated 22c. DATE SIGNED COUNTY STATE CO. Md.		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

etained by the hospital ar attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the timeral should be detached for use as the buriol-transit permit. Then please remove carbon popers. Page, I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4

(TYR	CEASED NAME ON PRINTI	Ruth J	Woodyard	20. DATE OF DEATH	BATH MONTH DAY YEAR 26. HC							
3. SE	emale	4 RAC	4ite	5. DATE OF BI	ATE OF BIRTH MONTH DAY VEAR 1 - 02 - 95 AGE (IN YEARS LAST BIRTHDAY) VEAR VEA							
M	COUNTRY) YORK C	44	U.S.A.	WIDOWED		HOWAT	1					
.C	olumbia	201	AME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET A NUTSIA	DDRESSY	THER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF BOOKKEEP	F WORKING LIFE	12b. KIND O INDUSTRY	F BUSIN			
13o.	AL RESIDENCE IF NURS STATE Maryland	13b. COUNTY Howard	IST. CITY OR TOWN R11icott	City Y	INSIDE CITY LIMITS?	13. STREET ADDRESS 9214 Fr4de	rick l	Rd 21	043			
	ATHER'S NAME FIRST	Korten	LAST	15.	MOTHER'S MAIDEN NA	MIDDLE		LAST				
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR O			obert K Woo	ADDRE		ick Rd	210			
	MMEDIATE CAUSE (o) Myocardin Infanction IMMEDIATE CAUSE (o) Myocardin Infanction DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								49			
	PART 2. OTHER SIGN	NIFICANT CONDIT	TIONS <u>CONTRIBUTING TO D</u>		20b. IF YES,	WERE FINDIN	IGS USE					
CATION	190 DATE OF OPERA	TION 19	CONDITION FOR WHICH	OPERATION W	AS PERFORMED	200 AUTOPSY?	IN CERTIEV	RTIFYING CAUSES OF DEATH? YES NO NO NO NA 18 PART OR PART ?)				
AL CERTIFICATION	210. ACCIDENT WAS UND	DERLYING 21 CAUSE OF DEATH	B. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR		YES NO	YES		NO [
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNI	DERLYING 21 CAUSE OF DEATH CALEXAMINER) RED 21 (A	b. TIME OF INJURY	Y YEAR		YES NO	YES		NO [
	210. ACCIDENT WAS UNIT OR CONTRIBUTING (1) (IF EITHER, NOTHY MEDIT 21d. INJURY OCCURI WHILE (1) AT WORK (1) Sow the decess obove, (1) (we) (1)	DERLYING 221 CAUSE OF DEATH CALEXAMINER) RED 21((A REC) (this hospitol) often	b. TIME OF INJURY HOUR A.M. MONTH DA P.M. B. PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, FA	Y YEAR 19 211 10 211 10 3 3	t. HOW INJURY OCCUR LOCATION STREET , 19 83 not in (my) (our) opinion	YES NO	YES RY IN ITEM 18 PA	COUNTY 9 9 , ond from the	thot (I)			
	21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOT IFF MEDI 21d. INJURY OCCUR! WHITE NOT WAT WORK AT WORK 22a.I certify that (I) sow the decease	DERLYING 221 CAUSE OF DEATH CALEXAMINER) RED 21 (IA) (I his hospitol) off ed olive on 3 did) (did not) view A.C.	b. TIME OF INJURY HOUR A.M. MONTH DA P.M. P. PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, FA ended the deceosed from 19	Y YEAR 19 211 10 211 10 21 10	c. HOW INJURY OCCUR LOCATION STREET , 19 83 not in (my) (our) opinion REE	YES NO	YES RY IN ITEM 18 PA WN Tote and hour	COUNTY	thot (I)			

DHMH - 16 50M 4/82

retained by the hospital or attending physician.

Burial Feb 23,1984 Baltimore National Funeral Director
Harry H Witzke 4112 Columbia ADDRESS Ellicott City

Huth J. Hodyard 1590012000 Maryland noward filicost Gisy 9214 Frederick Rd 21043 iale "liter vort u Lie Lillin Puffy 215 22 5203 Pobert K Woodyard 9214 Frederick Ed 21043

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE

CERTIFICATE OF DEATH

		REGISTRAK			CLITTON.				REG. NO.			
		EASED NAME JULIA	1	MIDDLE	OUNG	A\$1		FEB.		DAY YEAR	26 HOUR 11:39A	
6 3	SEX		4. RACE		5. DATE O	F BIRTH			(EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	M	
	5211	Female	200	lack	MONTH		1912	72	YRS	MONTHS DAYS	HOURS MIN.	
70		THPLACE (STATE OR FOREIGN		WHAT COUNTR	RY? 8.	□ NEVER		9 BALTIMO	RE CITY OR COUN	TY OF DEATH		
		ryland	U.	S. A.	WIDOWE		MARKIED	Balt	imore Cit	y	MD.	
10		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION					128 USUAL OCCUPATION 128, KIND OF BUSINESS O				
11/		BALTIMORE	(TOHNS ACTHOPKINS SS) HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pvt. Family									
V U	SUA la. Si	L RESIDENCE (IF NURSING HOME OF ATE 13b. COU	OTHER INSTITUTION	13c. CITY OR TO	OWN	13d. INSIDE C	ITY LIMITS?	138.STREET	ADDRESS / ZIP CO	DE 3617 M	t. Ida Dr	
		ryland		Ellicot	tt City	YES X	NO 🗌	Elli	cott City	Maryla	nd 21043	
7114	FATHER'S NAME		MIDDLE LAST			15 MOTHER'S MAIDEN NA		MIDDIE		LAST		
1	- 14/	HENTY AS DECEASED EVER IN U.S. AR	MED EODCESS	Howas 16b SOCIAL SI		Julia RITY NO. IZ INFORMANT			ADDRESS		Hall Mt. Ida Drive	
/ "		S. NO OR UNKNOWN) (IF YES, GI	/E WAR OR DATES)					77.1				
=	-	No.				Philli	Lp round	ETT.	icott Cit		MATE INTERVAL ONSET AND DEATH	
1	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:		ond ich	000				BETWEEN	ONSET AND DEATH	
	- 1	4140 IMMEDIA	TE CAUSE (a)_	1747	Operate							
		7/70	DUE TO,	OR AS A CONSE	4	idioo	carlo	enia		3	dous	
		Conditions, if ony, which gove rise to immediate	1b)_	3	J	male	NSCIC	MIGH		9	- V-	
		couse (o), stating the underlying couse last	DUE TO,	OR AS A CONSE	QUENCE OF	Mun	dino	018		La.	o and	
	1	PART 2. OTHER SIGNIFICANT	CONDITIONS (NOT RELATED	TO THE TERM	INAL DISEAS	E OR CONDITION (GIVEN IN PART 1	0	
	Z O											
7)	CERTIFICATION	90 DATE OF OPERATION	196 CON	DITION FOR WH	ICH OPERATIO	N WAS PERF	DRMED	200 AUT		ES, WERE FINDE		
_								YES 🗌	NOB	YES [NO 🗌	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW IN	NJURY OCCURR	RED (ENTERN	ATURE OF INJURY IN ITEM	8 PART I OR PART 2)		
	<u> </u>	(IF EITHER NOTIFY MEDICAL EXAMINE	R}	P.M.	19							
1	MEDICAL	21d INJURY OCCURRED		E OF INJURY TREET, FACTORY, OFFI	CE, FARM ETC)	211. LOCATI			CITY OR TOWN	COUNTY	STATE	
		AT WORK AT WORK			-1	ļ	V 13		Also	8-21		
		220.1 certify that (1) (this hasp sow the deceased alive or	412	the deceased fro	" VU	o()	19 0 T	, to	ed on the date and h		that (1) (we) lost	
		obove, (I) (we) (did/ (did no	nt) view the bod	y after death			/ (001) Optilion (Jeoin occurr	on the dote and t		SIGNED	
		22b. SIGNATURE		15014		DEGREE	ATTENDING	MEDICAL	STAFF	2/2	+ 184	
7		22d. PHYSICIAN'S NAME (TYPE	4	(0 16		22e ADDRE		DIRECTOR	PHYSICIAN TELES	71-205		
		George	DB	itar		3/3	Johns 1			Bali	MO.	
23		JRIAL, CREMATION, REMOVAL	236 DATE	2	3c. NAME OF C	EMETERY OR	CREMATORY	23d LOC	ATION FOR TOWN	COUNTY	STATE	
		Burial	3/3/1				ial Park	c	B	altimore	. Md.	
		NERAL DIRECTORNUTTER		Funera.	55		25a, DAT	E REC'D. BY	REGISTRAR 25 REG	ISTRAR'S SIGNA	Handall.	
L	25	01 Gwynns Fall	s Pkwy.	Baltimo	ore, Md.	21216	5 MA	RI	1984	" r limber .	1	

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